Print Page 1 of 39

Message: RE: Letter to Senators on SB 5

Case Information:

Exchange Message Type: Message Direction: External, Inbound GOV_10032017_Search Case: 10/3/2017 9:43:17 AM Capture Date: Item ID: 29387661 Not Specified Policy Action:

RE: Letter to Senators on SB 5

Date Friday, July 14, 2017 8:15 AM From Scott, Todd То

Scharf, Will; Neustadt, Jennae

Cc

I had not. Thank you for sharing.

Todd Scott

Sr. Legislative/Policy Advisor Office of Gov. Eric Greitens (573) 751-3222 - Main Mobile

From: Scharf, Will

Sent: Thursday, July 13, 2017 5:27 PM

To: Scott, Todd <todd scott@governor.mo.gov>; Neustadt, Jennae <Jennae.Neustadt@governor.mo.gov>

Subject: FW: Letter to Senators on SB 5

You guys see this?

Will Scharf Policy Director Office of the Governor

Will.Scharf@governor.mo.gov

From: Missouri Catholic Conference [mailto:mocatholic@mocatholic org]

Sent: Thursday, July 13, 2017 3:23 PM To: Scharf, Will < Will.Scharf@governor.mo gov>

Subject: Letter to Senators on SB 5

Attached find a personal letter I sent today to all the Senators urging support for House amended SB 5. We hand-delivered to capitol offices and are sending first class to their home addresses. Along with my signature, I added a personal note on many of these letters.

Hope all is going well!

Mike Hoey

Executive Director

Missouri Catholic Conference

Print Page 2 of 39

Message: RE: Letter to Senators on SB 5

Case Information:

Exchange Message Type: Message Direction: External, Inbound Case: GOV_10032017_Search Capture Date: 10/3/2017 9:43:17 AM Item ID: 29387662 Not Specified Policy Action:

RE: Letter to Senators on SB 5

Date Friday, July 14, 2017 8:26 AM From Neustadt, Jennae

То Scott, Todd;Scharf, Will

Cc

Nor had I. Thanks.

From: Scott, Todd

Sent: Friday, July 14, 2017 8:15 AM

 $\textbf{To: Scharf, Will < Will. Scharf@governor. mo.gov>; Neustadt, Jennae < Jennae. Neustadt@governor. mo.gov>; Neustadt. Jennae < Jennae. Neustadt. Mo.gov>; Ne$

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Subject: FW: Letter to Senators on SB 5

You guys see this?

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From: Missouri Catholic Conference [mailto:mocatholic@mocatholic org]

Sent: Thursday, July 13, 2017 3:23 PM

To: Scharf, Will < Will.Scharf@governor.mo gov>

Subject: Letter to Senators on SB 5

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Mike Hoey

Executive Director

Missouri Catholic Conference

Print Page 3 of 39

Message: Mobilizing Parishioners on Major Pro-life Bill

Case Information:

 Message Type:
 Exchange

 Message Direction:
 External, Inbound

 Case:
 GOV_10032017_Search

 Capture Date:
 10/3/2017 9:43:17 AM

 Item ID:
 29387663

 Policy Action:
 Not Specified

Mobilizing Parishioners on Major Pro-life Bill

From Missouri Catholic Conference Date Friday, July 14, 2017 10:30 AM

To Scharf, Will;Sam Lee;Susan Klein Cc

Journal will.scharf@governor.mo.gov

Recipients

■ L Pastors SB 5.docx (17 Kb нтм.)
■ Bulletin insert--SB 5.docx (14 Kb нтм.)
季 Flier--Missouri Senate Poised to Consider Major Pro-life Legislation.pdf
(105 Kb нтм.)
■ Flier--Missouri Senate Poised to Consider Major Pro-life Legislation.docx (59 Kb нтм.)

We are taking further steps to mobilize parishioners to contact their state Senators in support of House amended SB 5, the major pro-life legislation pending in the Special Session of the Missouri General Assembly.

See the attached letter to pastors, bulletin insert, and bulletin flier. We will keep you posted as we move forward.

Mike

Print Page 4 of 39

Subject: Mobilizing Parishioners on Major Pro-life Bill

Dear Pastors,

The Missouri Senate will reconvene Monday, July 24, to consider a major pro-life bill. Earlier in the summer, the Senate passed SB 5. The Missouri House subsequently amended the bill. House amended SB 5 is the strongest pro-life bill to be considered by the Missouri General Assembly in many decades.

If the Senate passes House amended SB 5, Governor Greitens has pledged to sign it. Missouri will then have one of the strongest pro-life laws in the nation.

I need your help to mobilize Catholics to contact their state Senator in support of House amended SB 5. Please use one of the following options to ask your parishioners to contact their state Senator:

- A. Use the attached one-paragraph bulletin insert. Put it in the Sunday bulletin the weekend of July 22-23.
- B. Copy and insert the attached one-page flier in your Sunday bulletin the weekend of July 22-23. Attached as PDF and Word document.

Also, feel free to copy and distribute the one-page flier at parish meetings, picnics, or other events between now and Monday, July 24.

Thank you for all your help in this historic endeavor.

Mike Hoey

Executive Director

Missouri Catholic Conference

PO Box 1022

Jefferson City, MO 65102

Phone: (573) 635-7239

www.mocatholic.org

P.S. You can also use the one-paragraph bulletin insert as a pulpit announcement.

MCC doc # 717-71

Print Page 5 of 39

Bulletin insert—SB 5

Missouri Senate Poised to Vote on Historic Pro-life Bill: The Missouri Catholic Conference is urging Catholics to contact their state Senator immediately. On Monday, July 24, the state Senate will consider House amended SB 5, the strongest pro-life bill to be considered by the General Assembly in many decades. This legislation will protect the health and safety of women, require unannounced inspections of abortion clinics, ensure that women hear medical information from a doctor before deciding whether to obtain an abortion, overturn the St. Louis "abortion sanctuary" ordinance and prohibit other municipalities from passing similar ordinances, and much more. To easily send a message to your state Senator, visit www.mocatholic.org.

MCC doc # 717-72

Print Page 6 of 39

Missouri Senate Poised to Consider Major Pro-life Legislation On Monday, July 24, the Missouri Senate will reconvene to consider major pro-life legislation. House amended SB Overturns the St. Louis "abortion sanctuary" ordinance and prohibits other municipalities from passing similar ordinances; prohibits forcing religious schools to hire abortion advoc Requires Missouri Department of Health to make annual, on-site and unannounced inspections of abortion facilities; Requires a doctor to provide medical information to a woman prior to an abortion decision; Requires an abortion doctor to obtain approval of a "complication plan" from the Missouri Department of Health for steps that will be taken when problems arise from administering a Requires abortion facilities to have written policies for managing an emergency and transferring patients to a hospital; Creates a Class A misdemeanor if abortion staff knowingly orders or requests medical first responders to deviate from standard protocols of emergency care; Requires all fetal tissue from abortion to be submitted to a board eligible pathologist for examination; pathologist must report to the Missouri Department of Health; Includes "whistleblower" protections for employees of an abortion facility who disclose information about possible health and safety violations of abortion law;

MCC doc # 717-70

Print Page 7 of 39

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Please read the information below and then **immediately contact your state Senator** (visit <u>www mocatholic.org</u> to easily send a message to your Senator). Here is a list of the bill's major provisions.

Highlights of House Amended SB 5:

- Overturns the St. Louis "abortion sanctuary" ordinance and prohibits other municipalities from passing similar ordinances; prohibits forcing religious schools to hire abortion advocates as teachers or landlords from renting to abortion clinics; prohibits harassment of pregnancy resource centers.
- Requires Missouri Department of Health to make annual, on-site and unannounced inspections of abortion facilities;
- . Only physicians licensed to practice in the state of Missouri may perform or induce abortions in an abortion facility located in Missouri;
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- Grants the Missouri Attorney General equal authority, along with prosecutors, to enforce Missouri abortion laws.

MCC doc # 717-70

Print Page 8 of 39

Message: FW: Mobilizing Parishioners on Major Pro-life Bill

Case Information:

 Message Type:
 Exchange

 Message Direction:
 External, Inbound

 Case:
 GOV_10032017_Search

 Capture Date:
 10/3/2017 9:43:17 AM

 Item ID:
 29387664

 Item ID:
 29387664

 Policy Action:
 Not Specified

™ FW: Mobilizing Parishioners on Major Pro-life Bill

From Scharf, Will Date Friday, July 14, 2017 11:07 AM

To Neustadt, Jennae; Scott, Todd

Cc

■ L Pastors SB 5.docx (17 Кb нтм.) ■ Bulletin insert--SB 5.docx (14 Кb нтм.) ★ Flier--Missouri Senate Poised to Consider Major Pro-life Legislation.pdf (105 Кb нтм.) ■ Flier--Missouri Senate Poised to Consider Major Pro-life Legislation.docx (59 Кb нтм.)

Will Scharf Policy Director Office of the Governor Will.Scharf@governor.mo.gov

From: Missouri Catholic Conference [mailto:mocatholic@mocatholic org]

Sent: Friday, July 14, 2017 10:28 AM

To: Scharf, Will <Will.Scharf@governor.mo.gov>; Sam Lee <samuelhlee@mindspring.com>; Susan Klein <susan.k@missourilife.org>

Subject: Mobilizing Parishioners on Major Pro-life Bill

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Print Page 9 of 39

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MCC doc # 717-71

Print Page 10 of 39

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MCC doc # 717-72

Print Page 11 of 39

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MCC doc # 717-70

Print Page 12 of 39

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MCC doc # 717-70

Print Page 13 of 39

Message: AP - 7/14/2017 - Confusion over how anti-abortion bill could affect St. Louis

Case Information:

 Message Type:
 Exchange

 Message Direction:
 External, Inbound

 Case:
 GOV_10032017_Search

 Capture Date:
 10/3/2017 9:43:17 AM

 Item ID:
 29387665

Item ID:29387665Policy Action:Not Specified

AP - 7/14/2017 - Confusion over how anti-abortion bill could affect St. Louis

From Samuel Lee Date Friday, July 14, 2017 4:07 PM

To Samuel Lee

Cc

Journal jennae.neustadt@governor mo.gov;todd.scott@governor.mo.gov;will.scharf@governor.mo.gov

Peciniente

🗻 image001.jpg (9 Кb нтм.) 🗻 image004.emz (873 Кb нтм.) 🗻 image002.png (629 Кb нтм.)

Friends

No confusion on the part of the pro-life community, the governor or those lawmakers who voted for he bill. Bottom line: Pro-life pregnancy care centers would be protected and women's health and safety would be secured, if SB 5 is passed.

Sam

Samuel H. Lee Campaign Life Missouri P.O. Box 142585 St. Louis, MO 63114-0585

Email: samuelhlee@mindspring com

Twitter: @samuelhlee

CLM Logo & Address

X

http://www.kansascity.com/news/article161327248.html

News

July 14, 2017 12:58 AM

Confusion over how anti-abortion bill could affect St. Louis

By SUMMER BALLENTINE Associated Press

JEFFERSON CITY, Mo.

Missouri lawmakers are at a standstill on broad anti-abortion legislation more han a mon h after Republican Gov. Eric Greitens called them into a special session to deal with abortion issues.

The legisla ion calls for several new regulations, such as annual state inspections of abortion clinics. But one of the provisions causing he most confusion addresses a St. Louis ordinance that city leaders say is intended to prevent discrimina ion based on reproductive heal h decisions, such as pregnancy and abortion. Greitens and other critics say the St. Louis ordinance could infringe on he rights of abortion opponents or prevent anti-abortion groups from only hiring staffers who share their views.

IEE - In the June 14, 2027, Big philis, Hissann Gar, Ern Greisen addresses the creed during or soft obstain size of the Statehase in Jallierum Cay, No. Hissanat learnaism are considering a lengthy stortion bits add more regulations to the prostulent and topics, 55, Loan enforces being decrementare based on reproductive hashib decision. Greisen said he called learnaism for Capital in any Review beauth of the State Original State Original State of the State Original State Origin

ADVERTISING

But he governor also says media outlets have mischaracterized how the ordinance would be affected by he legisla ion being considered by state lawmakers. Here's a rundown of the fight over he ordinance and of the overall legislation:

WHAT DOES THE ORDIANCE SAY?

St. Louis' ordinance bans discrimination in housing and employment based on "reproductive heal h decisions," such as having an abortion, taking birth control or becoming pregnant. Largely symbolic, the local law was approved in the Democra ic-leaning city in February as a pre-emptive move against any new abor ion laws approved by the Republican-controlled Legislature.

A group of local Catholics sued he city three months later, saying the ordinance could force a Ca holic school to hire teachers who support abortion, require landlords with antiabortion views to rent or sell property to organizations that promote or provide abortions, and might apply to some faith-based pregnancy care centers. The lawsuit is pending. St. Louis Alderwoman Megan Ellyia Green, who sponsored the ordinance, said it applies only to non-religious businesses. She said there are exemptions for religious organizations in hiring, providing reproductive health care coverage and from renting or selling property for abor ion

Green said her decision to introduce the ordinance wasn't sparked by any specific case or current law.

Print Page 14 of 39

HOW WOULD THE LEGISLATION AFFECT THE ST. LOUIS ORDINANCE?

It's unclear, in part because of confusion over what St. Louis' ordinance does and of the broad language in the bill.

The legisla ion bans municipali ies from enacting or enforcing "any order, ordinance, rule, regulation, policy, or other similar measure hat prohibits, restricts, limits, controls, directs, interferes with, or otherwise adversely affects an alternatives-to-abortion agency" or such an agency's staff.

The agencies, also known as pregnancy care centers, discourage abor ion and provide care for pregnant women and their babies. Supporters say protections are

needed in state law because not all centers are church-operated and shouldn't be forced to hire people who don't believe what they believe.

Jim Layton, an attorney who spent about two decades working in the Missouri Attorney General's Office under Democratic administrations, said he bill could undo parts of St. Louis' ordinance by exempting all pregnancy care centers in the city. But he said a court also could interpret the legislation's wording to fully overturn St. Louis' ordinance, or any local law, that touches on any one of the specific preemptions.

Green, the alderwoman, said she doesn't hink the legislation would have much impact on St. Louis' ordinance. She said the legislation would only add non-religious

pregnancy care centers to the list of the ordinance's exempt organizations WHAT DOES THE GOVERNOR SAY?

Greitens released a video on July 5 calling out news outlets and a feminist blog that reported he use of birth control could cause Missouri women to lose jobs and housing. Greitens said that was "100 percent false, it was fake news."

The governor noted that Newsweek later ran a correc ion saying its story was inaccurate and that other news outlets, including The Associated Press, had

erroneously reported the impact of the legislation.

The Newsweek correction, when citing other erroneous stories, linked to an AP story that said the legisla ion "would undo the St. Louis ordinance that bans discrimination in housing and employment based on 'reproduc ive health decisions,' such as pregnancies or abortions." The AP didn't report he legislation would allow such discrimination.

Greitens' spokesman, Parker Briden, said the legislation would pre-empt any local ordinance that might harm pregnancy care centers, force people to rent or sell building space to abortion facilities, require people to participate in abortion procedures against their beliefs or require employers to cover abor ions in health

WHAT ELSE IS IN THE LEGISLATION?

The bill contains several other provisions targeting abortion.

One proposal would give the Missouri Attorney General's Office new powers to prosecute violations of abortion law. Under current law, that power is limited to local prosecutors. Republican Attorney General Josh Hawley opposes abortion but hasn't said whether he supports that provision of the bill.

The bill would also require annual inspections of abortion clinics by the state health department. Another provision would create a misdemeanor offense for abortion clinic staff who ask hat ambulances responding to medical emergencies at the facilities not use sirens or flashing lights.

The governor is pushing the restrictions — and called the special legisla ive session to address hem — in part because of a federal judge's ruling in April that

blocked several Missouri abortion laws.

WHAT'S TAKING SO LONG?

Lawmakers were called into the special session star ing on June 12. House members approved a revised version of the bill on June 20 that ramped-up a Senate

Lawmakers were called into the special session and ling of baric 12. These members appeared by the session of the bill, including adding the provision on ambulance calls.

Senators haven't taken up the bill since then and won't meet to consider the changes until the week of July 24, at the earliest. Republican Senate Majority Leader Mike Kehoe said the delay is the result of trying to work around scheduling issues, including one senator's wedding.

Republican Senate President Pro Tem Ron Richard has said he's unsure if Republicans will try take up the stronger House version or make more changes to it.

Legisla ive staff members say lawmakers have until Aug. 11 to finish the special session, though Greitens could call hem back for another.

Print Page 15 of 39

Print Page 16 of 39

• C\$2\$SRC.emz



C\$2\$SRC.emz

Image 1

FILE
-
In this June 14, 2017, file photo, Missouri Gov. Eric Greitens addresses the crowd during
an anti
-
abortion
rally in the Statehouse in Jefferson City, Mo. Missouri lawmakers are considering a lengthy abortion bill to add more
regulations to the procedure and target a St. Louis ordinance banning discrimination based on reproductive health
decisi
ons. Greitens said he called lawmakers back to the Capitol in part because of the local ordinance.
St. Louis
Post
-
Dispatch via AP, File
David Carson

Print Page 17 of 39

Print Page 18 of 39

Message: New MCC Alert on SB 5

Case Information:

Exchange Message Type: Message Direction: External, Inbound GOV_10032017_Search Case: Capture Date: 10/3/2017 9:43:17 AM Item ID: 29387666 Not Specified Policy Action:

Mew MCC Alert on SB 5

Missouri Catholic Conference **Date** Tuesday, July 18, 2017 9:48 AM From To

Scharf, Will

Mike Hoey; Tyler McClay Cc Journal will.scharf@governor.mo.gov

Recipients

Dear Will,

Click here for the latest MCC Action Alert on House amended SB 5. Bishop Rice will be talking to Senator Richard today. Bishop Gaydos has already talked to Mike Kehoe. We will continue cranking up action in the next several days.

Thanks,

Mike

10/18/2017 about:blank

Print Page 19 of 39

Message: Re: New MCC Alert on SB 5

Case Information:

 Message Type:
 Exchange

 Message Direction:
 External, Inbound

 Case:
 GOV_10032017_Search

 Capture Date:
 10/3/2017 9:43:17 AM

 Item ID:
 29387667

 Policy Action:
 Not Specified

MRe: New MCC Alert on SB 5

From Scharf, Will Date Tuesday, July 18, 2017 9:51 AM

To Missouri Catholic Conference Cc Mike Hoey; Tyler McClay

Awesome! Thanks.

On Jul 18, 2017, at 9:47 AM, Missouri Catholic Conference < mocatholic@mocatholic.orq > wrote:

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Click here for the latest MCC Action Alert on House amended SB 5. Bishop Rice will be talking to Senator Richard today. Bishop Gaydos has already talked to Mike Kehoe. We will continue cranking up action in the next several days.

Thanks,

Mike

Print Page 20 of 39

Message: ACTION ALERT! Missouri Catholic Conference - 7/18/2017 - Missouri Senate Poised for Historic Vote on Pro-life Legislation

Case Information:

Exchange Message Type: Message Direction: External, Inbound GOV 10032017 Search Case: Capture Date: 10/3/2017 9:43:17 AM 29387668

Item ID: Policy Action: Not Specified

🔤 ACTION ALERT! Missouri Catholic Conference - 7/18/2017 - Missouri Senate Poised for Historic Vote on Pro-life Legislation

From Samuel Lee Date Tuesday, July 18, 2017 4:23 PM

Samuel Lee

Cc

jennae.neustadt@governor.mo.gov; todd.scott@governor.mo.gov; will.scharf@governor.mo.gov; will.scharf

Journal Recipients



CONTACT YOUR SENATOR NOW!!!



Next Monday, July 24, the Missouri Senate will reconvene their Special Session to consider a major pro-life bill. House amended SB 5. Earlier this summer we asked you to wr te senators, urging support for this legislation. Your contacts are having a positive impact; nevertheless, opponents are working to derail this historic pro-life measure.

Even if you have already contacted your senator, you should contact the senator again. We need senators to not only

support House amended SB 5, but to strongly insist that it come to a vote as soon as possible. Delay could be fatal to the bill.

The Missouri Senate has an overwhelming pro-life super majority. If House amended SB 5 comes to a vote, it should pass. However, a vocal and skillful minority of senators may try to delay a vote on this legislation through a protracted filibuster or other parliamentary maneuvers. We cannot let that happen to House amended SB 5.

There is no reason for this Special Session to drag on any longer. If the Senate takes up and passes House amended SB 5, t will go directly to Governor Gre tens' desk. He has pledged to sign it. If this happens, Missouri will have one of the strongest pro-life laws in the nat on.

The MCC is mobilizing you, through the MOCAN network, and all Catholic parishes throughout the state. Parishes have received a <u>flier</u> from the MCC that can be distributed this week, especially at the weekend Masses. Click <u>here</u> to view the flier, which highlights the major provisions of the bill.

Action Requested:

- 1. Click "Take Action" below to contact your state senator.
- 2. Forward this email to family, friends, and others so they can take act on.
- 3. Print this MCC $\underline{\text{flier}}$; encourage your parish to distribute it to parish oners.



-OR- If "Take Action" button does not appear, click here: Action Alert-Missouri Senate Poised for Historic Vote on Pro-life Legislat on

MCC doc # 717-73

Click here to unsubscribe from this mailing list.

Powered by XX Votervoice

Print Page 21 of 39

Message: ALERT! Susan B. Anthony List - 7/19/2017 - Missouri pro-life activists: please contact your Senator now!

Case Information:

 Message Type:
 Exchange

 Message Direction:
 External, Inbound

 Case:
 GOV_10032017_Search

 Capture Date:
 10/3/2017 9:43:17 AM

 Item ID:
 29387669

Item ID: 29387669
Policy Action: Not Specified

ALERT! Susan B. Anthony List - 7/19/2017 - Missouri pro-life activists: please contact your Senator now!

From Samuel Lee Date Wednesday, July 19, 2017 4:41 PM

To Samuel Lee

Cc

Journal jennae.neustadt@governor mo.gov;todd.scott@governor.mo.gov;will.scharf@governor.mo.gov

Recipients



Hi Missouri Pro-Life Supporter,

Did you know that **come Monday, all eyes around the country will be on your Missouri state Senate?** The stakes are very high and your state Senators will make a crt cal decision between life... or politics.

Life must win!

Governor Greitens has shown strong leadership by calling a special session of your legislature to deal w th pro-life issues: stopping St. Louis' so-called 'sanctuary c ty' for abortion, preventing the trafficking of baby body parts, and enacting stronger abortion facil ty standards. Shamefully, your state Senate watered it down, but your House of Representatives showed great leadership to put the "teeth" back into SB 5.

Now it comes back to the Senate. Monday will be the moment of truth. Will the Senate continue to play polit cs, or will t pass SB 5 in ts strongest form and stop the 'sanctuary city' sham? It's that simple.

The Missouri Cathol c Conference is especially keen on SB 5 because of the <u>lawsult</u> filed by the Archdiocese of St. Louis, Our Lady's Inn and local Catholic businessmen against the c ty of St. Louis. If SB 5 does not pass, they could be charged with discrimination if they refuse to hire staff who sup, or not lease space to an abortion clinic. It is unthinkable!

Cl ck <u>here</u> to see a 1-page flier from the Missouri Catholic Conference that gives bullet points about SB 5. This is a good, strong bill to protect life and Missourians who seek to help women and children.

Would you please contact your Senator before Monday and remind them that the gravity of the situat on far outweighs politics?

Click here to send your message using our online tool >>

Once you have taken action, please forward this email to your friends and family in Missouri and urge them to contact their senators.

Lives are at stake here. All eyes are watching to see what the Missouri Senate will do.

Thank you for taking action on behalf of unborn children in Missouri.

For LIFE,

Marjorie Dannenfelser Pres dent, Susan B. Anthony List

Print Page 22 of 39



Print Page 23 of 39

Message: AP - 7/25/2017 - Bill tightening Mo. abortion regulations goes to Greitens (the governor signed the bill into law on Wednesday, July 26)

Case Information:

 Message Type:
 Exchange

 Message Direction:
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AP - 7/25/2017 - Bill tightening Mo. abortion regulations goes to Greitens (the governor signed the bill into law on Wednesday,

July 26)

From Samuel Lee Date Wednesday, July 26, 2017 4:27 PM

To Cc

 $\textbf{Journal} \qquad \text{jennae.neustadt@governor.mo.gov;todd.scott@governor.mo.gov;will.scharf@governor.mo.gov;todd.scott@governor.mo.gov;will.scharf@governor.mo.gov;todd.scott@governor.mo.gov;will.scharf@governor.mo.gov;todd.scott@governor.mo.gov;todd.scott@governor.mo.gov;will.scharf@governor.mo.gov;todd.scott@governor.mo.governor.mo.governor.mo.governor.mo.governor.mo.governor.mo.governor.mo.governor.mo.governor.mo.governor.mo.governor.mo.governor.mo.governor.mo.governor.mo.gover$

Recipients

🛋 image001.jpg (9 Кb нтм.) 🛋 image002.emz (677 Кb нтм.) 🛋 image005.png (292 Кb нтм.) 💆 TATFP SB5.pdf (1059 Кb нтм.)

Friends

Please read the AP story about the very strong pro-life bill – SB 5 – that passed the Missouri General Assembly on Tuesday, July 25.

Today (Wednesday, July 26), Gov. Eric Greitens signed the bill into law at his State Capitol office.

The measure goes into effect in 90 days.

Samuel Lee

Attached is a PDF copy of the bill, and here is the link to the "official" summary of the bill from the Missouri Senate. These provide more complete information about what is in SB 5.

Later, I will be sending information on how you can thank state lawmakers who voted for he bill and thank the governor for calling lawmakers into a pro-life special session and signing the bill into law.

And thank you for all of your efforts to get this important legislation passed!

Sam

Samuel H. Lee Campaign Life Missouri P.O. Box 142585 St. Louis, MO 63114-0585

Email: samuelhlee@mindspring com

Twitter: @samuelhlee

CLM Logo & Address

http://www.mcclatchydc.com/news/politics-government/national-politics/article163489993.html

Missouri sends governor law tightening abortion regulations

By SUMMER BALLENTINE Associated Press

July 25, 2017 8:01 PM

JEFFERSON CITY, Mo.

Missouri lawmakers on Tuesday delivered Republican Gov. Eric Greitens a political win by sending him a wide-ranging bill tightening abortion regulations hat would give the attorney general power to prosecute violations, prompting critics to say the changes are aimed at limiting access to abortion in a state that already has tough restrictions.

The bill's passage comes after he first-year governor called lawmakers back to the Capitol for a special summer session focused on abortion policy. He said he move was motivated by a St. Louis ordinance banning discrimination in employment and housing based on "reproductive health decisions" and a federal judge's ruling that struck down some Missouri abortion restric ions passed in previous legislative sessions.

Greitens asked lawmakers to pass provisions that he said would protect pregnancy care centers from the St. Louis ordinance and put in place new abortion regulations in place of the ones struck down in court, and lawmakers appear to have done that. Despite pushback, senators voted 22-9 to ditch a bipartisan compromise they'd reached earlier and instead pass a harsher bill backed by the House and governor. Groups such as Missouri Right to Life touted the bill's passage.

"Today is a great victory for pregnancy care centers that help women and children all over he state," Greitens said in a statement. "I'm proud that many of Missouri's lawmakers stood strong to protect he lives of the innocent unborn and women's health."

Fig.E.: In this May 23, 2017, file photo, Massouri Gor. Eric Gradiens species to supporters during a rady outside the state Capital in Julierous Cap, Ma Missouri Immiliars on Tieselby, July 25, delayered Gradiens a public of one by sanding him a sub-raverying Missoury, abstract regulations that all and/or has been investigated. Bill delayers, file 40 Photos, purposing or fice to some the changes could be discuss to sharple in a state between Democratic senators and abortion-rights advocates decried the special session and the resul ing bill as medically unnecessary. NARAL Pro-Choice Missouri Executive Director Alison Dreith called he session "free advertising for Greitens' personal poli ical ambitions" and said women were "treated as pawns."

"This political theater is an expensive and ideological ploy to end abortion access in the state," said M'Evie Mead, director of policy and organizing for Planned Parenthood Advocates in Missouri, in a statement. "The notion hat this session has any benefit for patients' heal h and safety is nonsense, and Missourians are smart enough to know that."

The measure headed to Greitens' desk would give the state attorney general, now Republican Josh Hawley, new powers to prosecute abor ion law violations. Lawmakers ultimately ditched a provision that would have required he attorney

Print Page 24 of 39

general to first give local prosecutors 10 days' no ice before taking ac ion.
Supportive Republican lawmakers have said they want to give he attorney general new au hority out of concern that a local prosecutor, particularly in a
Democratic-leaning city, might not pursue potential abortion-law violations. But some Republican and Democratic senators raised concerns about giving more

power to the attorney general.

Other provisions in the bill include mandatory annual inspections of abortion clinics by the state health department, stricter requirements on what's done with fetal tissue removed from abortions, and limiting which medical professionals can have state-mandated discussions with women about the procedure and its risks at least 72 hours earlier.

Currently, doctors, nurses, physicians' assistants, licensed counselors and others can provide that information to women. The measure passed Tuesday would limit that to doctors who refer women to receive abortions or the physicians performing abortions.

If signed by Greitens, the measure also would make it a crime for abortion clinic staff to ask ambulances to respond to calls without lights or sirens. Clinics also

would first have to submit a plan for dealing with complications and get approval from the health department before providing medication-induced abortions.

Democratic Sen. Jill Schupp said the changes "have been designed to get in the way" of Planned Parenthood's efforts to expand abortion services — now only in St. Louis — to Columbia, Joplin, Kansas City and Springfield, although she said it's difficult to tell at this point what impact the bill will have on the ability to open more abortion clinics.

Republican Sen. Bob Onder, who helped craft the bill, said "there is really nothing in this bill that prevents clinics from opening, but they have to open under situa ions in which the heal h and safety of women is safeguarded."

10/18/2017 about:blank

Print Page 25 of 39

Print Page 26 of 39

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Image 1

FILE

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In this May 23, 2017, file photo, Missouri Gov. Eric Greitens speaks to supporters during a rally outside the state Capitol in Jefferson City, Mo. Missouri lawmakers on Tuesday, July 25, delivered Greitens a political win by sending him a wide

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g bill tightening abortion regulations that would give the attorney general power to prosecute violations, prompting critics to warn the changes could limit access to abortion in a state that already has tough restrictions.

Jeff Roberson, File

ΑP

Photo

Print Page 27 of 39

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SECOND EXTRAORDINARY SESSION
[TRULY AGREED TO AND FINALLY PASSED]
HOUSE COMMITTEE SUBSTITUTE FOR
                                  SENATE SUBSTITUTE FOR SENATE BILL NO. 5 99TH GENERAL ASSEMBLY
                                      2440H.07T
                     24408.0TT
AN ACT
To repeal sections 188.021, 188.027, 188.030, 188.039, 188.047, 188.075, 192.665, 192.667, 197.150, 197.152, 197.158, 197.160, 197.162, 197.165, 197.200, 197.205, 197.215, 197.220, 197.225, 197.225, 197.230, 197.235, 197.240, 197.285, 197.289, 197.289, 197.289, 197.289, 197.289, 197.289, 197.289, 197.289, 197.289, 197.289, 197.289, 197.289, 197.289, 197.289, 197.289, 197.289, 197.289, 197.289, 197.289, 197.289, 197.289, 197.289, 197.289, 197.289, 197.289, 197.289, 197.289, 197.289, 197.289, 197.289, 197.289, 197.289, 197.289, 197.289, 197.289, 197.289, 197.290, 188.027, 188.030, 188.039, 188.047, 188.075, 197.200, 197.205, 197.215, 197.200, 197.205, 197.215, 197.200, 197.225, 197.230, 197.235, 197.240, 197.285, 197.287, 4197.289, 197.239, 197.259, 197.259, 197.250, 197.251, 197.250, 197.251, 197.250, 197.251, 197.250, 197.251, 197.250, 197.251, 197.250, 197.251, 197.250, 197.251, 197.250, 197.251, 197.250, 197.251, 197.250, 197.251, 197.250, 197.251, 197.250, 197.251, 197.250, 197.251, 197.250, 197.251, 197.250, 197.251, 197.250, 197.251, 197.250, 197.251, 197.250, 197.251, 197.250, 197.251, 197.250, 197.251, 197.250, 197.251, 197.250, 197.251, 197.250, 197.251, 197.250, 197.251, 197.250, 197.251, 197.250, 197.251, 197.250, 197.251, 197.250, 197.251, 197.251, 197.251, 197.251, 197.251, 197.251, 197.251, 197.251, 197.251, 197.251, 197.251, 197.251, 197.251, 197.251, 197.251, 197.251, 197.251, 197.251, 197.251, 197.251, 197.251, 197.251, 197.251, 197.251, 197.251, 197.251, 197.251, 197.251, 197.251, 197.251, 197.251, 197.251, 197.251, 197.251, 197.251, 197.251, 197.251, 197.251, 197.251, 197.251, 197.251, 197.251, 197.251, 197.251, 197.251, 197.251, 197.251, 197.251, 197.251, 197.251, 197.251, 197.251, 197.251, 197.251, 197.251, 197.251, 197.251, 197.251, 197.251, 197.251, 197.251, 197.251, 197.251, 197.251, 197.251, 197.251, 197.251, 197.251, 197.251, 197.251, 197.251, 197.251, 197.251, 197.251, 197.251, 197.251, 197.251, 197.251, 197.251, 197.251, 197.251, 197.251, 197.251, 197.251, 197.251, 19
EXPLANTION—Matter enclosed in bold-faced brackets [thus] in this bill is not enactive provided by the provided
            5 seventy-two hours prior to the abortion:

16CS SS SS SS SS SS S S G (1) The physician who is to perform or induce the abortion [or], a qualified 7 professional, or the referring physician has informed the woman orally, 8 reduced to writing, and in person, of the following; 9 (a) The name of the physician who will perform or induce the abortion; 10 (b) Medically accurate information that a reasonable patient would 11 consider material to the decision of whether or not to undergo the abortion, 12 including; 13 a. A description of the proposed abortion method; 14 b. The immediate and long-term medical risks to the woman associated 15 with the proposed abortion method including, but not limited to, infection, 16 hemorrhage, cervical tear or uterine perforation, harm to subsequent pregnancies 17 or the ability to carry a subsequent child to term, and possible adverse 18 psychological effects associated with the abortion; and 19 c. The immediate and long-term medical risks to the woman, in light of 20 the anesthesia and medication that is to be administered, the unborn child's 21 gestational age, and the woman's medical history and medical condition; 22 (c) Alternatives to the abortion; 23 conditions and 33 aware that information and materials shall be provided to her detailing such 24 alternatives to the abortion; 25 (d) A statement that the physician performing or inducing the abortion 26 is available for any questions concerning the abortion, together with the 27 telephone number that the physician may be later reached to answer any 28 questions that the woman may have; 29 (e) The location of the hospital that offers obstetrical or gynecological care 30 located within thirty miles of the location where the abortion is performed or 31 induced and at which the physician performing or inducing the abortion has 20 clinical privileges and where the woman may receive follow-up care by the 33 physician if complications arise; 4 (f) The gestational age of the unborn child at the time the abortion is to be performed or i
                             HGS SS B5 5 4
42 conception to full term, including color photographs or images of the developing 43 unborn child at two-week gestational increments. Such descriptions shall include 44 information about brain and heart functions, the presence of external members 45 and internal organs during the applicable stages of development and information 46 on when the unborn child is viable. The printed materials shall prominently
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intended to be omitted in the law.

Print Page 29 of 39

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47 display the following statement: "The life of each human being begins at 48 concention. Abortion will terminate the life of a separate, unique, living human
    49 being.";
50 (3) The physician who is to perform or induce the abortion [or], a qualified
51 professional, or the referring physician has presented the woman, in person,
52 printed materials provided by the department, which describe the various
53 surgical and drug-induced methods of abortion relevant to the stage of pregnancy,
54 as well as the immediate and long-term medical risks commonly associated with
55 each abortion method including, but not limited to, infection, hemorrhage,
56 cervical tear or uterine perforation, harm to subsequent pregnancies or the ability
57 to carry a subsequent child to term, and the possible adverse psychological effects
58 associated with an abortion;
59 (4) The physician who is to perform or induce the abortion or a qualified
60 professional shall provide the woman with the opportunity to view at least
61 seventy-two hours prior to the abortion an active ultrasound of the unborn child
62 and hear the heartbeat of the unborn child if the heartbeat is audible. The
63 woman shall be provided with a geographically indexed list maintained by the
64 department of health care providers, facilities, and clinics that perform
65 ultrasounds, including those that offer ultrasound services free of charge. Such
66 materials shall provide contact information for each provider, facility, or clinic off including telephone numbers and, if available, website addresses. Should the
68 woman decide to obtain an ultrasound from a provider, facility, or clinic other
69 than the abortion facility, the woman shall be offered a reasonable time to obtain
70 the ultrasound examination before the date and time set for performing or
71 inducing an abortion. The person conducting the ultrasound shall ensure that
72 the active ultrasound image is of a quality consistent with standard medical
73 practice in the community, contains the dimensions of the unborn child, and
74 accurately portrays the presence of external members and internal organs, if
75 present or viewable, of the unborn child. The ausculta
                                                                                                                        The physician who is to perform or induce the abortion [or], a qualified
                                                            (3)
76 must also be of a quality consistent with standard medical practice in the 77 community. If the woman chooses to view the ultrasound or hear the heartbeat HCS SS SB 5 5 78 or both at the abortion facility, the viewing or hearing or both shall be provided 79 to her at the abortion facility at least seventy-two hours prior to the abortion 80 being performed or induced; 81 (5) Prior to an abortion being performed or induced on an unborn child of 82 twenty-two weeks gestational age or older, the physician who is to perform or 83 induce the abortion or a qualified professional has presented the woman, in 84 person, printed materials provided by the department that offer information on 85 the possibility of the abortion causing pain to the unborn child. This information 86 shall include, but need not be limited to, the following: 87 (a) At least by twenty-two weeks of gestational age, the unborn child 88 possesses all the anatomical structures, including pain receptors, spinal cord, 89 nerve tracts, thalamus, and cortex, that are necessary in order to feel pain; 90 (b) A description of the actual steps in the abortion procedure could be painful 92 to the unborn child; 93 (c) There is evidence that by twenty-two weeks of gestational age, unborn 94 children seek to evade certain stimuli in a manner that in an infant or an adult 95 would be interpreted as a response to pain; 97 more gestational age who undergo prenatal surgery; 98 (e) Anesthesia is given to unborn children who are twenty-two weeks or 97 more gestational age who undergo prenatal surgery; 100 (f) Anesthesia or an analgesic is available in order to minimize or 10 alleviate the pain to the unborn child; 10 to description of the part of 
HCS SS SB 5 6

14 services, organizations, or affiliates of organizations that perform or induce, or 15 assist in the performing or inducing of, abortions or that refer for abortions; 16 (b) Explain the Missouri alternatives to abortion services program under 17 section 188.325, and any other programs and services available to pregnant 18 women and mothers of newborn children orfered by public or private agencies 19 which assist a woman in carrying her unborn child to term and assist her in 120 carring for her dependent child or placing her child for adoption, including but not 121 limited to prenatal care; maternal health care; newborn or infant care; mental 122 health services; professional counseling services; housing programs; utility 123 assistance; transportation services; food, clothing, and supplies related to 124 pregnancy parenting skills; educational programs; job training and placement 125 services; drug and alcohol testing and treatment; and adoption assistance; 126 (c) Identify the state website for the Missouri alternatives to abortion 127 services program under section 188.325, and any toll-free number established by 184 between 185 as a state operated in conjunction with the program; 189 agencies willing and able to help you carry your child to term, and to assist you 131 and your child after your child is born, whether you choose to keep your child or 132 place him or her for adoption. The state of Missouri encourages you to contact 133 those agencies before making a final decision about abortion. State law requires 144 that your physician or a qualified professional give you the opportunity to call 185 agencies like these before you undergo an abortion.";

136 (7) The physician who is to perform or induce the abortion or a qualified 137 professional has presented the woman, in person, printed materials show the abortion of the call of the support obligations of the father of a child, including, but not limited to, child 2 support payments, and the fact that paternity may be established by the
        HCS SS SB 5 7
150 consent to the abortion at any time without affecting her right to future care or 151 treatment and without the loss of any state or federally funded benefits to which 152 she might otherwise be entitled.
153 c. All information required to be provided to a woman considering 154 abortion by subsection 1 of this section shall be presented to the woman 155 individually, in the physical presence of the woman and in a private room, to 156 protect her privacy, to maintain the confidentiality of her decision, to ensure that 157 the information focuses on her individual circumstances, to ensure she has an 158 adequate opportunity to ask questions, and to ensure that she is not a victim of 159 coerced abortion. Should a woman be unable to read materials provided to her, 150 they shall be read to her. Should a woman need an interpreter to understand the 161 information presented in the written materials, an interpreter shall be provided 162 to her. Should a woman ask questions concerning any of the information or 163 materials, answers shall be performed or induced unless and until the woman 164 3. No abortion shall be performed or induced unless and until the woman 166 checklist form provided by the department that she has been presented all the 167 information required in subsection 1 of this section, that she has been provided 66 the opportunity to view an active ultrasound image of the unborn child and hear 169 the heartbeat of the unborn child if it is audible, and that she further certifies 170 that she gives her voluntary and informed consent, freely and without coercion, 171 to the abortion shall be performed or induced on an unborn child of
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Print Page 30 of 39

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173 twenty-two weeks gestational age or older unless and until the woman upon 174 whom the abortion is to be performed or induced has been provided the 175 opportunity to choose to have an anesthetic or analgesic administered to 176 eliminate or alleviate pain to the unborn child caused by the particular method 177 of abortion to be performed or induced. The administration of anesthesia or 178 analgesics shall be performed in a manner consistent with standard medical
            1/8 analgesics shall be performed in a manner consistent with standard medical
179 practice in the community.
180 5. No physician shall perform or induce an abortion unless and until the
181 physician has obtained from the woman her voluntary and informed consent given
182 freely and without coercion. If the physician has reason to believe that the
183 woman is being coerced into having an abortion, the physician or qualified
184 professional shall inform the woman that services are available for her and shall
185 provide her with private access to a telephone and information about such
         HCS SS SB 5 8
186 services, including but not limited to the following:
187 (1) Rape crisis centers, as defined in section 455.003,
188 (2) Shelters for victims of domestic violence, as defined in section 455.200,
189 and
            109 aim
190 (3) Orders of protection, pursuant to chapter 455.
191 6. The physician who is to perform or induce the abortion shall,
192 at least seventy-two hours prior to such procedure, inform the woman
191 6. The physician who is to perform or induce the abortion shall,
192 at least seventy-two hours prior to such procedure, inform the woman
193 orally and in person of:
194 (1) The immediate and long-term medical risks to the woman
195 associated with the proposed abortion method including, but not
196 limited to, infection, hemorrhage, cervical tear or uteria perforation,
197 hazm to subsequent pregnancies or the ability to carry a subsequent
199 with to subsequent pregnancies or the ability to carry a subsequent
199 with the abortion and
190 (2) The immediate and long-term medical risks to the woman, in
201 light of the anesthesia and medication that is to be administered, the
202 unborn child's gestational age, and the woman's medical history and
208 medical conditions.
204 7. No physician shall perform or induce an abortion unless and until the
205 physician has received and signed a copy of the form prescribed in subsection 3
206 of this section. The physician shall retain a copy of the form in the patient's
207 medical record.
208 B. In the event of a medical emergency as provided by section 188.039, the
209 physician who performed or induced the abortion shall clearly certify in writing
210 the nature and circumstances of the medical emergency. This certification shall
211 be signed by the physician who performed or induced the abortion, and shall be
212 maintained under section 188.060.
213 9. No person or entity shall require, obtain, or accept payment for an
214 abortion from or on behalf of a patient until at least seventy-two hours have
215 passed since the time that the information required by subsection in of this section
216 has been provided to the patient. Nothing in this subsection shall prohibit a
217 person or entity from notifying the patient that payment for the abortion will be
218 required after the seventy-two-hour period has expired if she voluntarily chooses
219 to have the abortion.
220 10. The term "qualified professional" as used in this section shall refer to
221 a physician, ph
            HCS SS SB 5 9
                                                SS SB 5 9 psychologist, licensed professional counselor, or licensed social worker, licensed or registered under chapter 334, 335, or 337, acting under the supervision of the physician performing or inducing the abortion, and acting within the course and scope of his or her authority provided by law. The provisions of this section shall not be construed to in any way expand the authority otherwise provided by law relating to the licensure, registration, or scope of practice of any such qualified professions.
   226 not be construed to in any way expand the authority otherwise provided by law 227 relating to the licensure, registration, or scope of practice of any such qualified 228 professional.

229 11. By November 30, 2010, the department shall produce the written 230 materials and forms described in this section. Any written materials produced 231 shall be printed in a typeface large enough to be clearly legible. All information 232 shall be presented in an objective, unbiased manner designed to convey only 233 accurate scientific and medical information. The department shall furnish the 234 written materials and forms at no cost and in sufficient quantity to any person 235 who performs or induces abortions, or to any hospital or facility that provides 236 abortions. The department shall make all information required by subsection 1 237 of this section available to the public through its department website. The 238 department shall maintain a toll-free, twenty-four-hour hotline telephone number 239 where a caller can obtain information on a regional basis concerning the agencies 240 and services described in subsection 1 of this section. No identifying information 241 regarding persons who use the website shall be collected or maintained. The 242 department shall monitor the website shall be collected or maintained. The 243 and correct any operational deficiencies. 244 12. In order to preserve the compelling interest of the state to ensure that 245 the choice to consent to an abortion is voluntary and informed, and given freely 246 and without coercion, the department shall use the procedures for adoption of 470 emergency rules under section 58.025 in order to promulgate all necessary rules, 245 213. If the provisions in subsections 1 and 58.03 of this section by November 30, 245 210.
      248 forms, and other necessary material to implement the section requiring 249 2010.
250 13. If the provisions in subsections 1 and [8] 9 of this section requiring 251 a seventy-two-hour waiting period for an abortion are ever temporarily or 252 permanently restrained or enjoined by judicial order, then the waiting period for 253 an abortion shall be twenty-four hours; provided, however, that if such temporary 254 or permanent restraining order or injunction is stayed or dissolved, or otherwise 255 ceases to have effect, the waiting period for an abortion shall be seventy-two 256 hours.
188.030. 1. Except in the case of a medical emergency, no abortion of a
HCS SS 85 10

Viable unborn child shall be performed or induced unless the abortion is 3 necessary to preserve the life of the pregnant woman whose life is endangered by 4 a physical disorder, physical illness, or physical injury, including a 5 life-endangering physical condition caused by or arising from the pregnancy itself, 6 or when continuation of the pregnancy will create a serious risk of substantial 7 and irreversible physical impairment of a major bodily function of the pregnant 8 woman. For purposes of this section, "major bodily function" includes, but is not 9 limited to, functions of the immune system, normal cell growth, digestive, bowel, 10 bladder, neurological, brain, respiratory, circulatory, endocrine, and reproductive 11 functions.

12. Except in the case of a medical emergency:

13 (1) Prior to performing or inducing an abortion upon a woman, the 4 physician shall determine the gestational age of the unborn child in a manner 15 consistent with accepted obstetrical and meonatal practices and standards. In 16 making such determination, the physician shall make such inquiries of the 17 pregnant woman and perform or cause to be performed such medical 8 examinations, imaging studies, and tests as a reasonably prudent physician, 19 knowledgeable about the medical facts and conditions of both the woman and the 20 unborn child involved, would consider necessary to perform and consider in 21 making an accurate diagnosis with respect to gestational age;

22 (2) If the physician determines that the gestational age;

23 child is twenty weeks or more, prior to performing or inducing an abortion upon 24 the woman, the physician shall determine if the unborn child is viable by using 25 and exercising that degree of care, skill, and proficiency commonly exercised by 26 a skillful, careful, and prudent physician. In making this determination of 27 viability, the physician shall perform or cause to be performed such medical 8 examinations and tests as are necessary to make a finding of the gestational age, 2
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HGS SS 88 5 11 38 individual abortion report submitted to the department under section 188.052; 39 (4) (a) If the physician determines that the unborn child is viable, the 40 physician shall not perform or induce an abortion upon the woman unless the

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41 abortion is necessary to preserve the life of the pregnant woman or that a
42 continuation of the pregnancy will create a serious risk of substantial and
43 irreversible physical impairment of a major bodily function of the woman.
44 (b) Before a physician may proceed with performing or inducing an
45 abortion upon a woman when it has been determined that the unborn child is
46 viable, the physician shall first certify in writing the medical threat posed to the
47 life of the pregnant woman, or the medical reasons that continuation of the
48 pregnancy would cause a serious risk of substantial and irreversible physical
49 impairment of a major bodily function of the pregnant woman. Upon completion
50 of the abortion, the physician shall report the reasons and determinations for the
51 abortion of a viable unborn child to the health care facility in which the abortion
52 is performed and to the state board of registration for the healing arts, and shall
53 enter such findings and determinations in the medical record of the woman and
54 in the individual abortion report submitted to the department under section
55 188.052.
56 (c) Before a physician may proceed with performing or inducing an
       54 in the individual abortion report submitted to the department under section 55 188.052.
56 (c) Before a physician may proceed with performing or inducing an 73 abortion upon a woman when it has been determined that the unborn child is 58 viable, the physician who is to perform the abortion shall obtain the agreement 90 of a second physician with knowledge of accepted obstetrical and neonatal 60 practices and standards who shall concur that the abortion is necessary to 61 preserve the life of the pregnant woman, or that continuation of the pregnancy 62 would cause a serious risk of substantial and irreversible physical impairment of 63 a major bodily function of the pregnant woman. This second physician shall also 64 report such reasons and determinations to the health care facility in which the 65 abortion is to be performed and to the state board of registration for the healing 66 arts, and shall enter such findings and determinations in the medical record of 67 the woman and the individual abortion report submitted to the department under 60 section 108.052. The second physician shall not have any legal or financial 65 affiliation or relationship with the physician performing or inducing the abortion, 70 except that such prohibition shall not apply to physicians whose legal or financial 71 affiliation or relationship is a result of being employed by or having staff 72 privileges at the same hospital as the term "hospital" is defined in section 73 197.020.
           HGS SS B 5 12

74 (d) Any physician who performs or induces an abortion upon a woman
75 when it has been determined that the unbour child is viable shall utilize the
75 when it has been determined that the unbour child is viable shall utilize the
76 available when or technique of abortion most likely to preserve the life or
77 health of the unborn child. In cases where the method or technique of abortion
78 most likely to preserve the life or health of the unborn child would present a
79 greater risk to the life or health of the woman than another legally permited and
80 available method or technique, the physician may utilize such other method or
81 technique. In all cases where the physician performs an abortion upon a viable
82 unborn child, the physician shall certify in writing the available method or
83 techniques considered and the reasons for choosing the method or technique
       early techniques considered and the reasons for choosing the method or technique demolyed temployed the method or technique and the reasons for choosing the method or technique be fellow physician shall perform or induce an abortion upon a woman when the performance of the abortion who shall take control of and provide immediate medical care for a child abortion who shall take control of and provide immediate medical care for a child born as a result of the abortion. During the performance of the abortion, the physician performing it, and subsequent to the abortion, the physician required 1 to be in attendance, shall take all reasonable steps in keeping with good medical 20 practice, consistent with the procedure used, to preserve the life or health of the 3 viable unborn child; provided that it does not pose an increased risk to the life of 94 the woman or does not pose an increased risk to the life of 5 physical impairment of a major bodily function of the woman.

63. Any person who knowingly performs or induces an abortion of an 7 unborn child in violation of the provisions of this section is guilty of a class D 98 felony, and, upon a finding of guilt or plea of guilty, shall be imprisoned for a 98 term of not less than one year, and, notwithstanding the provisions of section 100 598.002, shall be fined not less than ten thousand nor more than fifty thousand 101 dollars.
           100 558.002, shall be fined not less than ten thousand nor more than fifty thousand 101 dollars.

102 4. Any physician who pleads guilty to or is found guilty of performing or 103 inducing an abortion of an unborn child in violation of this section shall be 104 subject to suspension or revocation of his or her license to practice medicine in 105 the state of Missouri by the state board of registration for the healing arts under 106 the provisions of sections 334.100 and 334.103.

107 5. Any hospital licensed in the state of Missouri that knowingly allows an 108 abortion of an unborn child to be performed or induced in violation of this section 109 may be subject to suspension or revocation of its license under the provisions of
               HCS SS SB 5 13
110 section 197.070.
           110 section 197.070.

111 6. Any (ambulatory surgical center) abortion facility licensed in the
112 state of Missouri that knowingly allows an abortion of an unborn child to be
113 performed or induced in violation of this section may be subject to suspension or
114 revocation of its license under the provisions of section 197.220.
115 7. A woman upon whom an abortion is performed or induced in violation
116 of this section shall not be prosecuted for a conspiracy to violate the provisions
118 7. A woman upon whom an abortion is performed or induced in violation
118 of this section.
118 8. Nothing in this section shall not be prosecuted for a conspiracy to violate the provisions
117 of this section.
118 8. Nothing in this section shall be construed as creating or recognizing a
119 right to abortion, nor is it the intention of this section to make lawful any
120 abortion that is currently unlawful.
121 9. It is the intent of the legislature that this section be severable as noted
122 in section 1.140. In the event that any section, subsection, subdivision,
123 paragraph, sentence, or clause of this section be declared invalid under the
124 Constitution of the United States or the Constitution of the State of Missouri, it
125 is the intent of the legislature that the remaining provisions of this section
126 remain in force and effect as far as capable of being carried into execution as
127 intended by the legislature.
128 10. The general assembly may, by concurrent resolution, appoint one or
129 more of its members who sponsored or co-sponsored this act in his or her official
130 capacity to intervene as a matter of right in any case in which the
131 constitutionality of this law is challenged.
188.039. 1. For purposes of this section, "medical emergency" means a
2 condition which, on the basis of the physician's good faith clinical judgment, so
3 complicates the medical condition of a pregnant woman as to necessitate the
4 immediate abortion of her pregnancy to avert her death or for which a delay will
5 create a serious risk of substantial and irreversible impairment of a major bodily
6 function.

7.2. Except in the case of medical emergency, no person shall perform or
8 induce an abortion unless at least seventy-two hours prior thereto the physician
9 who is to perform or induce the abortion [or], a qualified professional, or the
10 referring physician has conferred with the patient and discussed with her the
11 indicators and contraindicators, and risk factors including any physical,
12 psychol
HCS SS SB 5 14
15 by a drug or drugs, such conference shall take place at least seventy-two hours
16 prior to the writing or communication of the first prescription for such drug or
17 drugs in connection with inducing an abortion. Only one such conference shall
18 be required for each abortion.
19 3. The patient shall be evaluated by the physician who is to perform or
20 induce the abortion [or], a qualified professional, or the referring physician
21 during the conference for indicators and contraindicators, risk factors including
22 any physical, psychological, or situational factors which would predispose the
23 patient to or increase the risk of experiencing one or more adverse physical,
24 emotional, or other health reactions to the proposed procedure or drug or drugs
25 in either the short or long term as compared with women who do not possess such
26 risk factors.
27 4. At the end of the conference, and if the woman chooses to proceed with
28 the abortion, the physician who is to perform or induce the abortion [or], a
29 qualified professional, or the referring physician shall sign and shall cause
30 the patient to sign a written statement that the woman gave her informed
31 consent freely and without coercion after the physician or qualified professional
32 had discussed with her the indicators and contraindicators, and risk factors,
33 including any physical, psychological, or situational factors. All such executed
34 statements shall be maintained as part of the patient's medical file, subject to the
35 confidentiality laws and rules of this state.
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36 5. The director of the department of health and senior services shall
37 disseminate a model form that physicians or qualified professionals may use as
38 the written statement required by this section, but any lack or unavailability of
39 such a model form shall not affect the duties of the physician or qualified
40 professional set forth in subsections 2 to 4 of this section.
41 6. As used in this section, the term "qualified professional" shall refer to
42 a physician, physician assistant, registered nurse, licensed practical nurse,
43 psychologist, licensed professional counselor, or licensed social worker, licensed
44 or registered under chapter 334, 335, or 337, acting under the supervision of the
45 physician performing or inducing the abortion, and acting within the course and
46 scope of his or her authority provided by law. The provisions of this section shall
47 not be construed to in any way expand the authority otherwise provided by law
48 relating to the licensure, registration, or scope of practice of any such qualified
49 professional.
50 7. If the provisions in subsection 2 of this section requiring a
                    HCS SS SB 5 15
51 seventy-two-hour waiting period for an abortion are ever temporarily or
52 permanently restrained or enjoined by judicial order, then the waiting period for
53 an abortion shall be twenty-four hours; provided, however, that if such temporary
54 or permanent restraining order or injunction is stayed or dissolved, or otherwise
55 ceases to have effect, the waiting period for an abortion shall be seventy-two
39 an aboution small state of the particle of the period for an abortion shall be seventy-two 55 ceases to have effect, the waiting period for an abortion shall be seventy-two 56 hours.

188.047. [A representative sample of] 1. All tissue, except that tissue 2 needed for purposes described in subsection 5 of this section, removed 3 at the time of abortion shall be submitted within five days to a board eligible 4 or certified pathologist, who] for gross and histopathological 5 examination. The pathologist shall file a copy of the tissue report with the 6 state department of health and senior services, and (who] shall provide within 7 seventy-two hours a copy of the report to the abortion facility or hospital in 8 which the abortion was performed or induced (and). The pathologist's report 9 shall be made a part of the patient's permanent record. If the pathological 10 examination falls to identify evidence of a completed abortion, the 11 pathologist shall notify the abortion facility or hospital within twenty-12 four hours. 13 2. The department shall record be expected to the pathologist of the pathologist hall notify the abortion facility or hospital within twenty-12 four hours. 13 2. The department shall record a facility or hospital in 16 notice of abortion or the tissue report. If the department does not receive the 15 notice of abortion or the tissue report, the department shall make an 16 inquiry of the abortion facility or hospital. After such inquiry, if the 17 hospital or abortion facility has not satisfactorily responded to said 18 inquiry and the department finds that the abortion facility or hospital 19 where the abortion was performed or induced was not in compliance 20 with the provisions of this section, the department shall inconded to said 11 noncompliance a deficiency requiring an unscheduled inspection of the 22 facility to ensure the deficiency is remedied, subject to the provisions 23 of chapter 197 regarding license suspensions, reviews, and appeals.
24 3. Beginning January 1, 2018, the depa
                    HCS SS SB 5 16
31 reported for each type of termination procedure, whether the 32 department received the tissue report for each abortion, and the 33 existence and nature, if any, of any inconsistencies or concerns 34 between the abortion reports submitted under section 188.052 and the 35 tissue report submitted under this section.
    as existence and nature, it any, of any inconsistencies or concerns
34 between the abortion reports submitted under section 188.052 and the
35 tissue report submitted under this section.
36 The report shall not contain any personal patient information the
37 disclosure of which is prohibited by state or federal law.
38 4. All reports provided by the department to the general
39 assembly under this section shall maintain confidentiality of all
40 personal information of patients, facility personnel, and facility
41 physicians.
42 5. Nothing in this section shall prohibit the utilization of fetal
43 organs or tissue resulting from an abortion for medical or scientific
44 purposes to determine the cause or causes of any anomaly, illness,
45 death, or genetic condition of the fetus, the paternity of the fetus, or for
46 law enforcement purposes.
47 6. The department may adopt rules, regulations, and standards
48 governing the reports required under this section. In doing so, the
49 department shall ensure that these reports contain all information
50 necessary to ensure compliance with all applicable laws and
51 regulations. Any rule or portion of a rule, as that term is defined in
52 section 536.010 that is created under the authority delegated in this
53 section shall become effective only if it complies with and is subject to
54 all of the provisions of chapter 536, and, if applicable, section
55 536.028. This section and chapter 536 are nonseverable and if any of
56 the powers vested with the general assembly pursuant to chapter 536,
57 to review, to delay the effective date, or to disapprove and annul a rule
58 are subsequently held unconstitutional, then the grant of rulemaking
59 authority and any rule proposed or adopted after the effective date of
60 this act, shall be invalid and void.
188.075. 1. Any person who contrary to the provisions of sections 188.010
2 to 188.085 knowingly performs, induces, or aids in the performance or inducing
3 of any abortion or knowingly fails to perform any action required 
        HCS SS B5 17

8 violated any provision of this chapter that the person performed an action or did 9 not perform an action because of a medical emergency. This affirmative defense 10 shall be available in criminal, civil, and administrative actions or 11 proceedings. The defendant shall have the burden of persuasion that the defense 12 is more probably true than not.

13 3. The attorney general shall have concurrent original 14 jurisdiction throughout the state, along with each prosecuting attorney 15 and circuit attorney within their respective jurisdictions, to commence 16 actions for a violation of any provision of this chapter, for a violation 17 of any state law which regulates an abortion facility or a 18 violation of any state law which regulates an abortion facility or a 19 person who performs or induces an abortion. The attorney general, or 20 prosecuting attorney or circuit attorney within their respective 21 jurisdictions, may seek injunctive or other relief against any person 22 who, or entity which, is in violation of any provision of this chapter, 23 misuses public funds for an abortion, or violates any state law which 42 regulates an abortion facility or a person who performs or induces an 25 abortion 188.125. 1. It is the intent of the general assembly to 2 acknowledge the right of an alternatives to abortion agency to operate 3 freely and engage in speech without governmental interference as 4 protected by the constitution of the United States and the constitution 5 and laws of Missouri, the right of a person not to be compelled by the 6 government to participate in abortion contrary to his, her, or its 7 religious beliefs or moral convictions, and that the constitution of the 8 United States and the constitution and laws of Missouri shall be 9 interpreted, constructed, applied, and enforced to fully protect such 10 rights.
                9 interpreted, construet, appriet, and the state is preempted from 10 rights.
11 2. A political subdivision of this state is preempted from 12 enacting, adopting, maintaining, or enforcing any order, ordinance, 13 rule, regulation, policy, or other similar measure that prohibits, 14 restricts, limits, controls, directs, interfers with, or otherwise 15 adversely affects an alternatives to abortion agency or its officers, 16 agents', employees', or volunteers' operations or speech including, but 17 not limited to, counseling, referrals, or education of, advertising or 18 information to, or other communications with, clients, patients, other 19 persons, or the public.
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HCS SS SB 5 18

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20 3. Nothing in subsection 2 of this section shall preclude or
21 preempt a political subdivision of this state from exercising its lawful
22 authority to regulate zoning or land use or to enforce a building or fire
23 code regulation; provided that, such political subdivision treats an
24 alternatives to abortion agency in the same manner as a similarly
25 situated agency and that such authority is not used to circumwent the
26 intent of subsection 2 of this section.
27 4. A political subdivision of this section.
27 4. A political subdivision of this state is preempted from
28 enacting, adopting, maintaining, or enforcing any order, ordinance,
29 rule, regulation, policy, or other similar measure that has the purpose
30 or effect of requiring a person to directly or indirectly participate in
31 abortion if such participation is contrary to the religious beliefs or
32 moral convictions of such person.
33 5. A political subdivision of this state is preempted from
34 enacting, adopting, maintaining, or enforcing any order, ordinance,
35 rule, regulation, policy, or other similar measure requiring a real estate
36 broker, real estate salesperson, real estate broker-salesperson,
37 appraisal firm, appraiser, as such terms are defined in chapter 339, a
38 property owner, or any other person to buy, sell, exchange, purchase,
39 rent, lease, advertise for, or otherwise conduct real estate transactions
40 for, to, or with an abortion facility or for, to, or with a person for the
41 purpose of performing or inducing an abortion not necessary to save
42 the life of the mother, if such requirement is contrary to the religious
43 beliefs or moral convictions of such real estate broker, real estate
44 salesperson, real estate broker-salesperson, appraisal firm, appraiser,
45 property owner, or other person
46 c. A political subdivision of this state is preempted from
46 enacting, adopting, maintaining, or enforcing any order, ordinance,
47 enacting, adopting, maintaining or enforcing any order, ordinance,
48 rule, regulati
   55 relief, recovery of damages or other legal remedies, or both, as well as 56 payment of reasonable attorney's fees, costs, and expenses. The relief HCS SS SB 5 19
57 and remedies set forth shall not be deemed exclusive and shall be in 58 addition to any other relief or remedies permitted by law.
59 8. In addition to a private cause of action by a person whose 60 rights are violated contrary to the provisions of this section, the 61 attorney general is also authorized to bring a cause of action to defend 62 the rights guaranteed under this section.
63 9. Nothing in this section shall be construed to prohibit a 64 political subdivision from enacting, adopting, maintaining, or enforcing 65 any order, ordinance, rule, regulation, policy, or other similar measure 66 to assist pregnant women to carry their unborn children to term or to 67 assist women in caring for their dependent children or placing their 68 children for adoption including, but not limited to, by funding or 69 otherwise assisting an alternatives to abortion agency to provide 70 services to such women and children.
71 10. As used in this section, the following terms mean: 72 (1) "Alternatives to abortion agency" 173 (2) A maternity home as defined in section 135.630; or 75 (c) An agency or entity that has the primary purpose of 76 providing services or counseling to pregnant women to assist such 77 women in carrying their unborn children to term instead of having 8 abortions and to assist such women in caring for their dependent 79 children or placing their children for adoption, as described in section 183.630; and 183.325, regardless of Whether such agency or entity is receiving 81 funding or reimbursement from the state for such purposes; 22 (2) "Participate in abortion; or 40 (b) To perform or induce, assist in, refer or counsel for, advocate 85 for, promote, procure, reimburse for, or provide health plan coverage 86 for an abortion not necessary to save the life of the mother.
85 for, promote, procure, reimburse for, or provide health plan cov
           HCS SS SB 5 20
8 adopt rules, regulations, and standards regarding the establishment
9 and implementation of policies created under this section. Any rule or
10 portion of a rule, as that term is defined in section 536.010 that is
11 created under the authority delegated in this section shall become
12 effective only if it complies with and is subject to all of the provisions
13 of chapter 536, and, if applicable, section 536.028. This section and
14 chapter 536 are nonseverable and if any of the powers vested with the
15 general assembly pursuant to chapter 536, to review, to delay the
16 effective date, or to disapprove and annul a rule are subsequently held
17 unconstitutional, then the grant of rulemaking authority and any rule
18 proposed or adopted after the effective date of this act, shall be invalid
19 and void.
       no proposed or adopted after the effective date of this act, shall be invalid 19 and void.

192.665. As used in this section, section 192.667, and sections 197.150 to 2 197.165, the following terms mean:

3 (1) "Charge data", information submitted by health care providers on 4 current charges for leading procedures and diagnoses;

5 (2) "Charges by payer", information submitted by hospitals on amount 6 billed to Medicare, Medicaid, other government sources and all nongovernment 7 sources combined as one data element;

8 (3) "Department", the department of health and senior services;

9 (4) "Financial data", information submitted by hospitals drawn from 10 financial statements which includes the balance sheet, income statement, charity 11 care and bad debt and charges by payer, prepared in accordance with generally 2 accepted accounting principles;

13 (5) "Realth care provider", hospitals as defined in section 197.020 and 4 ambulatory surgical centers and abortion facilities as defined in section 15 197.200;

16 (6) "Nosocomial infection", as defined by the Inational federal Centers
       13 ambulatory surgical centers and abortion facilities as defined in section 15 197.200;
16 (6) "Nosocomial infection", as defined by the [national] federal Centers 17 for Disease Control and Prevention and applied to infections within hospitals, 18 ambulatory surgical centers, abortion facilities, and other facilities; 19 (7) "Nosocomial infection incldence rate", a risk-adjusted measurement of 20 new cases of nosocomial infections by procedure or device within a population 21 over a given period of time, with such measurements defined by rule of the 22 department pursuant to subsection 3 of section 192.667 for use by all hospitals, 23 ambulatory surgical centers, abortion facilities, and other facilities in 24 complying with the requirements of the Missouri nosocomial infection control act
           HCS SS SB 5 21
25 of 2004;
26 (8) "Other facility", a type of facility determined to be a source of
27 infections and designated by rule of the department pursuant to subsection 11 of
28 section 192.667;
29 (9) "Patient abstract data", data submitted by hospitals which includes
30 but is not limited to date of birth, sex, race, zip code, county of residence,
31 admission date, discharge date, principal and other diagnoses, including external
32 causes, principal and other procedures, procedure dates, total billed charges,
33 disposition of the patient and expected source of payment with sources
34 categorized according to Medicare, Medicaid, other government, workers'
35 compensation, all commercial payors coded with a common code, self-pay, no
36 charge and other.
192.667. I All health care providers shall at least annually provide to
                   36 charge and other.
192.667. 1. All health care providers shall at least annually provide to
2 the department charge data as required by the department. All hospitals shall
3 at least annually provide patient abstract data and financial data as required by
4 the department. Hospitals as defined in section 197.020 shall report patient
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abstract data for outpatients and inpatients. Ambulatory surgical centers and 6 abortion facilities as defined in section 197.200 shall provide patient abstract 7 data to the department. The department shall specify by rule the types of 8 information which shall be submitted and the method of submission. 9 2. The department shall collect data on the incidence of health 10 care-associated infections from hospitals, ambulatory surgical centers, abortion 11 facilities, and other facilities as necessary to generate the reports required by 2 this section. Hospitals, ambulatory surgical centers, abortion facilities, and 13 other facilities shall provide such data in compliance with this section. 43 . The department shall promulgate rules specifying the standards and 15 procedures for the collection, analysis, risk adjustment, and reporting of the 16 incidence of health care-associated infections and the types of infections and 17 procedures to be monitored pursuant to subsection 13 of this section. In 18 promulgating such rules, the department shall:

19 (1) Use methodologies and systems for data collection established by the 2 federal Centers for Disease Control and Prevention's National Healthcare Safety 12 Network, or its successor; and 2 (2) Consider the findings and recommendations of the infection control 23 advisory panel established pursuant to section 197.165.

24 4. By January 1, 2017, the infection control advisory panel created by BCS SS SB 5 22
       HCS SS SB 5 22
25 section 197.165 shall make recommendations to the department regarding the
26 Centers for Medicare and Medicaid Services' health care-associated infection data
27 collection, analysis, and public reporting requirements for hospitals, ambulatory
28 surgical centers, and other facilities in the federal Centers for Disease Control
29 and Prevention's National Healthcare Safety Network, or its successor, in lieu of
30 all or part of the data collection, analysis, and public reporting requirements of
31 this section. The advisory panel recommendations shall address which hospitals
32 shall be required as a condition of licensure to use the National Healthcare Safety
43 Metwork for data collection; the use of the National Healthcare Safety Network
44 for risk adjustment and analysis of hospital submitted data; and the use of the
55 Centers for Medicare and Medicaid Services' Hospital Compare website, or its
65 successor, for public reporting of the incidence of health care-associated infection
77 metrics. The advisory panel shall consider the following factors in developing its
84 recommendation:
95 (1) Whether the public is afforded the same or greater access to
160 facility-specific infection control indicators and metrics;
17 (2) Whether the public is afforded to the public is subject to the same or
18 (2) Whether the data provided to the public is subject to the same or
       41 (2) Whether the data provided to the public is subject to the same or 2 greater accuracy of risk adjustment;
43 (3) Whether the public is provided with the same or greater specificity of 44 reporting of infections by type of facility infections and procedures;
45 (4) Whether the data is subject to the same or greater level of 46 confidentiality of the identity of an individual patient;
47 (5) Whether the National Healthcare Safety Network, or its successor, has 48 the capacity to receive, analyze, and report the required data for all facilities;
49 (6) Whether the cost to implement the National Healthcare Safety Sometwork infection data collection and reporting system is the same or less.
51 5. After considering the recommendations of the infection control advisory 52 panel, and provided that the requirements of subsection 13 of this section can be 53 met, the department shall implement guidelines from the federal Centers for 54 Disease Control and Prevention's National Healthcare Safety Network, or its 55 successor. It shall be a condition of licensure for hospitals that meet the 56 Minimum public reporting requirements of the National Healthcare Safety Setwork and the Centers for Medicare and Medicaid Services to participate in the 58 National Healthcare Safety Network, or its successor. Such hospitals shall 59 permit the National Healthcare Safety Network, or its successor, to disclose 60 facility-specific infection data to the department as required under this section,
              61 and as necessary to provide the public reports required by the department. It
       61 and as necessary to provide the public reports required by the department. It 62 shall be a condition of licensure for any ambulatory surgical center or abortion 63 facility which does not voluntarily participate in the National Healthcare Safety 64 Network, or its successor, to submit facility-specific data to the department as 65 required under this section, and as necessary to provide the public reports 66 required by the department. 67 6. The department shall not require the resubmission of data which has 68 been submitted to the department of health and senior services or the department of of social services under any other provision of law. The department of health and 70 senior services shall accept data submitted by associations or related 71 organizations on behalf of health care providers by entering into binding 72 agreements negotiated with such associations or related organizations to obtain 3 data required pursuant to section 192.665 and this section. A health care 74 provider shall submit the required information to the department of health and 75 senior services:
   73 data required pursuant to section 192.665 and this section. A health care
74 provider shall submit the required information to the department of health and
75 senior services:
76 (1) If the provider does not submit the required data through such
77 associations or related organizations;
88 (2) If no binding agreement has been reached within ninety days of
79 August 28, 1992, between the department of health and senior services and such
80 associations or related organizations;
81 (3) If a binding agreement has expired for more than ninety days.
82 7. information obtained by the department under the provisions of section
83 192.665 and this section shall not be public information. Reports and studies
84 prepared by the department based upon such information shall be public
85 information and may identify individual health care providers. The department
86 of health and senior services may authorize the use of the data by other research
87 organizations pursuant to the provisions of section 192.667. The department
88 shall not use or release any information provided under section 192.665 and this
89 section which would enable any person to determine any health care provider's
91 menanged care organizations. The department shall not release data in a form
92 which could be used to identify a patient. Any violation of this subsection is a
93 class A misdemeanor.
              93 class A misdemeanor.
94 8. The department shall undertake a reasonable number of studies and
95 publish information, including at least an annual consumer guide, in
96 collaboration with health care providers, business coalitions and consumers based
HCS SS SB 5 24

97 upon the information obtained pursuant to the provisions of section 192.665 and 98 this section. The department shall allow all health care providers and 98 associations and related organizations who have submitted data which will be 100 used in any publication to review and comment on the publication prior to its 10 publication or release for general use. The publication shall be made available 102 to the public for a reasonable charge.
103 9. Any health care provider which continually and substantially, as these 104 terms are defined by rule, fails to comply with the provisions of this section shall 105 not be allowed to participate in any program administered by the state or to 106 receive any moneys from the state.
104 terms are defined by rule, fails to comply with the provisions of this section shall 105 not be allowed to participate in any program administered by the state or to 106 receive any moneys from the state.
107 10. A hospital, as defined in section 197.020, aggrieved by the 108 department's determination of ineligibility for state moneys pursuant to 109 subsection 9 of this section may appeal as provided in section 197.020 has 112 aggrieved by the department's determination of ineligibility for state moneys 112 pursuant to subsection 9 of this section may appeal as provided in section 197.200 has 113 197.221.
114 11. The department of health may promulgate rules providing for 115 collections of data and publication of the incidence of health care-associated 116 infections for other types of health facilities determined to be sources of 171 infections; except that, physicians' offices shall be exempt from reporting and 118 disclosure of such infections.
119 12. By January 1, 2018, the advisory panel shall recommend and the 120 department shall adopt in regulation with an effective date of no later than 121 January 1, 2018, the prequirements for the reporting of the following types of 122 infections associated with an animum of four surgical procedures for 124 hospitals and a m
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Print Page 35 of 39

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131 of patients, having a substantial impact for a smaller population, or being 132 associated with substantial cost, morbidity, or mortality; or
              HCS SS SB 5 25
133 (c) Are infections for which reports are collected by the National
134 Healthcare Safety Network or its successor;
135 (2) Central line-related bloodstream infections;
136 (3) Health care-associated infections specified for reporting by hospitals,
137 ambulatory surgical centers, and other health care facilities by the rules of
138 Centers for Medicare and Medicaid Services to the federal Centers for Disease
139 Control and Prevention's National Healthcare Safety Network, or its successor;
140 and
       139 Control and Prevention's National Healthcare Safety Network, or its successor; 140 and 141 (4) Other categories of infections that may be established by rule by the 142 department.

143 The department, in consultation with the advisory panel, shall be authorized to 144 collect and report data on subsets of each type of infection described in this 145 subsection.

146 13. In consultation with the infection control advisory panel established 147 pursuant to section 197.165, the department shall develop and disseminate to the 149 rupsite reports based on data compiled for a period of twelve months. Such 149 reports shall be updated quarterly and shall show for each hospital, ambulatory 150 surgical center, abortion facility, and other facility metrics on risk adjusted 151 health care-associated infections under this section.

152 14. The types of infections under subsection 12 of this section to be 159 publicly reported shall be determined by the department by rule and shall be 154 consistent with the infections tracked by the National Healthcare Safety Network, 155 or its successor.
       154 consistent with the infections tracked by the National Healthcare Safety Network, 155 or its successor.
156 15. Reports published pursuant to subsection 13 of this section shall be 157 published and readily accessible on the department's internet website. The 158 reports shall be distributed at least annually to the governor and members of the 159 general assembly. The department shall make such reports available to the 160 public for a period of at least two years.
161 16. The Hospital Industry Data Institute shall publish a report of 162 Missouri hospitals' (and), ambulatory surgical centers', and abortion facilities' 163 compliance with standardized quality of care measures established by the federal 164 Centers for Medicare and Medicaid Services for prevention of infections related 165 to surgical procedures. If the Hospital Industry plat Institute fails to do so by 166 July 31, 2008, and annually thereafter, the department shall be authorized to 167 collect information from the Centers for Medicare and Medicaid Services or from 168 hospitals [and], ambulatory surgical centers, and abortion facilities and
HCS SS SB 5 26

170 IT. The data collected or published pursuant to this section shall be 171 available to the department for purposes of licensing hospitals [and], ambulatory 172 surgical centers, and abortion facilities pursuant to this section shall be 171 available to the department for purposes of licensing hospitals [and], ambulatory 172 surgical centers, and abortion facilities pursuant to chapter 197. 173 18. The department shall promulgate rules to implement the provisions 174 of section 192.131 and sections 197.150 to 197.160. Any rule or portion of a rule, 175 as that term is defined in section 536.010, that is created under the authority 176 delegated in this section shall become effective only if it complies with and is 177 subject to all of the provisions of chapter 536 and, if applicable, section 178 536.028. This section and chapter 536 are nonseverable and if any of the powers 180 effective date, or to disapprove and annul a rule are subsequently held 181 unconstitutional, then the grant of rulemaking authority and any rule proposed 182 or adopted after August 28, 2014, each hospital, excluding mental health 181 facilities as defined in section 632.005, and each ambulatory surgical center and 185 abortion facility as defined in section 197.200, shall in consultation with its 186 medical staff establish an antimicrobial stewardship program for evaluating the 187 pudicious use of antimicrobials, especially antibiotics that are the last line of 188 defense against resistant infections. The hospital's stewardship program and the 189 results of the program shall be monitored and evaluated by hospital quality 190 improvement departments and shall be available upon inspection to the 191 department. At a minimum, the antimicrobial stewardship program shall be 192 designed to evaluate that hospitalized patients receive, in accordance with 193 accepted medical standards of practice, the appropriate atmicrobial, at the 194 appropriate dose, at the appropriate time, and for the appropriate and Prevention's
HCS SS SB 5 27

HCS SS CB 5 27

HCS SO Module. Facility-specific data on antibiotic usage and resistance collected under 206 this subsection shall not be disclosed to the public, but the department may 207 release case-specific information to other facilities, physicians, and the public if 208 the department determines on a case-by-case basis that the release of such 209 information is onecessary to protect persons in a public health emergency. 210 21. The department shall make a report to the general assembly 211 beginning January 1, 2018, and on every January first thereafter on the 212 incidence, type, and distribution of antimicrobial-resistant infections identified 213 in the state and within regions of the state. 197.150. The department shall require that each hospital, ambulatory 2 surgical center, abortion facility, and other facility have in place procedures for 3 monitoring and enforcing compliance with infection control regulations and 4 standards. Such procedures shall be coordinated with administrative staff, 5 personnel staff, and the quality improvement program. Such procedures shall 6 include, at a minimum, requirements for the facility's infection control program 7 to conduct surveillance of personnel with a portion of the surveillance to be done 8 in such manner that employees and medical staff are observed without their 9 knowledge of such observation, provided that this unobserved surveillance 10 requirement shall not be considered to be grounds for licensure enforcement 11 action by the department until the department establishes clear and verifiable 12 criteria for determining compliance. Such surveillance also may include 13 monitoring of the rate of use of hand hygiene products.

197.152. 1. Infection control officers as defined in federal regulation and 2 other hospital [ort], ambulatory 4 surgical center, or abortion facility for reporting infection control concerns 5 pursuant to section 197.285 and shall be entitled to the hospital [ort], ambulatory 8 surgical center, or abortion faci
   HCS SS BB 5 28

15 and Epidemiology. The hospital [or], ambulatory surgical center, or abortion 16 facility may require that such a cessation order of an infection control officer be 17 endorsed by the hospital [or], ambulatory surgical center, or abortion facility 18 chief executive officer or his or her designee before taking effect. The hospital 19 [or], ambulatory surgical center, or abortion facility infection control 20 committee shall convene as soon as possible to review such cessation order and 21 may overrule or sustain the directive of the infection control officer. The 22 department shall promulgate rules governing documentation of such events. 23 3. Members of the medical staff who report in good faith infection control 24 concerns to the hospital [or], ambulatory surgical center, or abortion facility 25 administration or medical staff leadership shall not be subject to retaliation or 26 discrimination for doing so. Nothing in this section shall prevent or shield 27 medical staff members from being subject to professional review actions for 28 substandard care or breach of standards established in hospital policy, rules, or
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29 medical staff bylaws.

197.158. Every hospital [and], ambulatory surgery center, and abortion
2 facility shall, beginning June 1, 2006, provide each patient an opportunity to
3 submit to the hospital [or], ambulatory surgical center, or abortion facility
4 administration complaints, comments, and suggestions related to the care they
5 received or their personal observations related to the quality of care
6 provided. The department shall promulgate rules to implement this section.
197.160. The department of health and senior services shall have access
2 to all data and information held by hospitals, ambulatory surgical centers,
3 abortion facilities, and other facilities related to their infection control
4 practices, rates, or treatments of infections. Failure to provide such access shall
5 be grounds for full or partial licensure suspension or revocation pursuant to
6 section 197.293, sections 197.010 to 197.100, or sections 197.200 to 197.200. If
7 the department determines that the hospital, ambulatory surgical center,
8 abortion facility, or other facility is willfully impeding access to such
9 information, the department shall be authorized to direct all state agencies to
10 suspend all or a portion of state payments to such [hospital] entity until such
11 time as the desired information is obtained by the department.
197.162. The department shall in its licensure of hospitals [and],
2 ambulatory surgical centers, and abortion facilities give special attention to
3 infection control practices and shall direct hospitals [and],
ambulatory surgical centers, and abortion facilities give special attention to
3 infection control practices and shall direct hospitals [and],
ambulatory surgical centers, and abortion facilities give special attention to
4 centers, and abortion facilities to set quantifiable measures of performance for HCS SS SB 5 29

Freducing the incidence of nosocomial infections in Missouri. The department 6 shall prepare an annual report on infection control standards and compliance, 7 which shall be shared with the governor and the general assembly.

197.165. 1. The department shall appoint an "Infection Control Advisory Panel" for the purposes of implementing sections 192.131 and 192.667.

3 2. Members of the infection control advisory panel shall include:

4 (1) Two public members;

5 (2) Three board-certified or board-eligible physicians licensed pursuant 6 to chapter 334 who are affiliated with a Missouri hospital or medical school, 7 active members of the Society for Health Care Epidemiology of America, and have 8 demonstrated interest and expertise in health facility infection control, 9 (3) One physician licensed pursuant to chapter 334 who is active in the 10 practice of medicine in Missouri and who holds medical staff privileges at a 11 Missouri hospital, 12 (4) Four infection control practitioners certified by the certification board 13 of infection control and epidemiology, at least two of whom shall be practicing in 14 a rural hospital or setting and at least two of whom shall be registered 15 professional nurses licensed under chapter 335;

16 (5) A medical statistician with an advanced degree in such specialty;

17 (6) A clinical microbiologist with an advanced degree in such specialty;

18 (7) Three employees of the department, representing the functions of 19 hospital [and], ambulatory surgical center, and abortion facility licensure, 20 epidemiology and health data analysis, who shall serve as ex officio nonvoting 21 members of the panel.

23 3. Reasonable expenses of the panel shall be paid from private donations are not received 25 from private sources, then the provisions of this act shall be implemented without 26 the advisory panel.

197.200. As used in sections 197.200 to 197.240, unless the context clearly 2 indica
Progress of performing chilductures, (or any establishment operated for the purpose of performing or inducing any second or third-trimester abortions or five HCS SS SB 5 30

8 or more first-trimester abortions per month,] and which does not provide services or other accommodations for patients to stay more than twenty-three hours within 10 the establishment, provided, however, that nothing in this definition shall be 11 construed to include the offices of dentists currently licensed pursuant to chapter 12 332?
13 [(2)] (3) "Dentist", any person currently licensed to practice dentistry 14 pursuant to chapter 332;
15 [(3)] (4) "Department", the department of health and senior services;
16 [(4)] (5) "Governmental unit", any city, county or other political 17 subdivision of this state, or any department, division, board or other agency of 18 any political subdivision of this state;
19 [(5)] (6) "Person", any individual, firm, partnership, corporation, 20 company, or association and the legal successors thereof;
21 [(6)] (7) "Physician", any person currently licensed to practice medicine 22 pursuant to chapter 334;
23 [(7)] (8) "Podiatrist", any person currently licensed to practice podiatry 24 pursuant to chapter 330.
197.205. 1 No person or governmental unit acting severally or jointly 2 with any other person or governmental unit acting severally or jointly 2 with any other person or governmental unit acting severally or jointly 2 with any other sections 197.200 to 197.240 issued by the department of health and 5 senior services.
2. Nothing in sections 197.200 to 197.240 shall be construed to impair or 3 abridge the authority of a governmental unit to license ambulatory surgical center or abortion facilities, provided that any ordinance of a governmental 0 by the department to implement the provisions of sections 197.200 to 197.240.
197.215. 1 Open receipt of an application for a license, the department 2 of health and senior services shall issue a license if the applicant and ambulatory 3 surgical center faciliti
              sevidence that:
6 (1) Each member of the surgical staff is a physician, dentist or podiatrist
7 currently licensed to practice in Missouri, and each person authorized to
8 perform or induce abortions is a physician currently licensed to
9 practice in Missouri.
    9 practice in Missour;

HCS SS SB 531

10 (2) Surgical procedures in ambulatory surgical centers shall be
11 performed only by physicians, dentists or podiatrists, who at the time are
12 privileged to perform surgical procedures in at least one licensed hospital in the
13 community in which the ambulatory surgical center is located, thus providing
14 assurance to the public that patients treated in the center shall receive continuity
15 of care should the services of a hospital be required; alternatively, applicant shal
16 submit a copy of a current working agreement with at least one licensed hospital
17 in the community in which the ambulatory surgical center is located,
18 quaranteeing the transfer and admittance of patients for emergency treatment
19 whenever necessary
20 (3) Continuous physician services or registered professional nursing
21 (3) Continuous physician services or registered professional nursing
22 (4) Continuous physician services or registered professional nursing
23 (3) Continuous physician services or registered professional nursing
24 (5) Continuous physician services or registered professional nursing
25 (3) Continuous physician services or registered professional nursing
26 (3) Continuous physician services or registered professional nursing
27 (3) Continuous physician services or registered professional nursing
28 (2) Continuous physician services or legistered professional nursing
29 (3) Continuous physician services or legistered professional nursing
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22 (3) Continuous physician services or legistered professional nursing
25 (3) Continuous physician services or legistered professional nursing
26 (3) Continuous physician services or legistered professional nursing
27 (1) Continuous physician services or legistered professional nursing
28 (2) Continuous physician services or legistered professional nursing
29 (2) Continuous physician services or legistered professional nursing
20 (3) Continuous physician services o
         27 license, unless sooner suspended or revoked, shall be issued for a period of one 28 year.
29 3. Each license shall be issued only for the premises and persons or 30 governmental units named in the application, and shall not be transferable or 31 assignable except with the written consent of the department. Licenses shall be 32 posted in a conspicuous place on the licensed premises.
33 4. If, during the period in which an ambulatory surgical center license or 34 an abortion facility license is in effect, the license holder or operator legally 35 transfers operational responsibilities by any process to another person as defined 36 in section 197.200, an application shall be made for the issuance of a new license 37 to become effective on the transfer date.
197.220. The department of health and senior services may deny, suspend 2 or revoke a license in any case in which the department finds that there has been 3 a substantial failure to comply with the requirements of sections 197.200 to 4 197.240, or in any case in which the director of the department makes a finding
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6 (i) The applicant, or if the applicant is a firm, partnership or association, 7 any of its members, or if a corporation, any of its officers or directors, or the 8 person designated to manage or supervise the facility, has been finally
      HCS SS SB 5 32

9 adjudicated and found guilty, or entered a plea of guilty or nolo contendere, in a 10 criminal prosecution under the laws of any state or of the United States, for any 11 offense reasonably related to the qualifications, functions, or duties of an 12 ambulatory surgical center or of an abortion facility, or for any offense an 13 essential element of which is fraud, dishonesty, or an act of violence, or for any 14 offense involving moral turpitude, whether or not sentence is imposed; 15 (2) The licensure status or record of the applicant, or if the applicant is 16 a firm, partnership or association, of any of its members, or if a corporation, of 17 any of its officers or directors, or of the person designated to manage or supervise 18 the facility, from any other state, federal district or land, territory or 19 commonwealth of the United States, or of any foreign country where the applicant 20 has done business in a similar capacity indicates that granting a license to the 21 applicant would be detrimental to the interests of the public.

197.225. 1. The department of health and senior services may adopt such 2 reasonable rules, regulations, and standards for the types of services provided as 3 are necessary to carry out the provisions of sections 197.200 to 197.200, and to 4 assure quality patient care and patient safety, which shall include, but not be 5 lated to the content of the facility including, but not limited to plumbing
         4 assure quality patient care and patient safety, which shall include, but not be 5 limited to:
6 (1) Construction of the facility including, but not limited to, plumbing, 7 heating, lighting, and ventilation which should insure the health, safety, comfort, 8 and privacy of patients and protection from fire hazard;
9 (2) Number, qualifications, and organization of all personnel, having 10 responsibility for any part of the care provided to the patients;
11 (3) Equipment essential to the health, welfare, and safety of the patients;
12 (4) Facilities, programs, and services to be provided in connection with the 13 care of patients in ambulatory surgical centers; and 14 (5) Procedures for peer review and for receiving and investigating 15 complaints regarding any ambulatory surgical center or any physician, dentist, 16 podiatrist, nurse, assistant, manager, supervisor, or employee practicing or 17 working in any such facility.
18 2. The department of health and senior services may adopt 19 separate rules, regulations, or standards to apply to ambulatory 20 surgical centers and to apply to abortion facilities.
23 requiring further emergency care to a hospital within a reasonable
                                                S SS SB 5 33
distance from the abortion facility.
         24 distance from the abortion facility.
197.230. 1. The department of health and senior services shall make, or
2 cause to be made, such inspections and investigations as it deems necessary. The
3 department may delegate its powers and duties to investigate and inspect
4 ambulatory surgical centers or abortion facilities to an official of a political
5 subdivision having a population of at least four hundred fifty thousand if such
6 political subdivision is deemed qualified by the department to inspect and
7 investigate ambulatory surgical centers. The official so designated shall submit
8 a written report of his or her findings to the department and the department
9 may accept the recommendations of such official if it determines that the facility
10 inspected meets minimum standards established pursuant to sections 197.200 to
11 197.240.
         10 inspected meets minimum standards established pursuant to sections 197.200 to 11 197.240.
12 2. In the case of any abortion facility, the department shall make 13 or cause to be made an unannounced on-site inspection and 14 investigation at least annually. Such on-site inspection and 15 investigation at least annually. Such on-site inspection and 15 investigation shall include, but not be limited to, the following areas: 16 (1) Compliance with all statutory and regulatory requirements 17 for an abortion facility, including requirements that the facility 18 maintain adequate staffing and equipment to respond to medical 19 emergencies; 20 (2) Compliance with the provisions of chapter 188; and 21 (3) Compliance with the requirement in section 197.215 that 22 continuous physician services or registered professional nursing 23 services be provided whenever a patient is in the facility. 24 3. Inspection, investigation, and quality assurance reports shall 25 be made available to the public. Any portion of a report may be 26 redacted when made publicly available if such portion would disclose 27 information that is not subject to disclosure under the law. 197.235. 1. Any person operating, conducting, managing, or establishing 2 an ambulatory surgical center or abortion facility without a license required 3 by sections 197.200 to 197.240 is guilty of a class A misdemeanor and, upon 4 conviction, shall be subject to a fine of not more than five hundred dollars. Each 5 day of continuing violation shall constitute a separate offense. 6 2. The attorney general shall represent the department of health and 7 senior services and shall institute an action in the name of the state for 8 injunctive or other relief against any person or governmental unit to restrain or HCS SS SB 5 34
7 senior services and shall institute an action in the name of the state for 8 injunctive or other relief against any person or governmental unit to restrain or RCS SS SB 5 34
9 prevent the establishment, conduct, management, or operation of an ambulatory 10 sungical center or abortion facility without a license issued pursuant to the 11 provisions of sections 197.200 to 197.240.
12 3. Any person operating, conducting, managing, or establishing an 13 ambulatory surgical center or abortion facility who, in the course of 14 advertising, promoting, or otherwise publicizing the activities, business, location, 15 or any other matter concerning the operations of said ambulatory surgical center or abortion facility, uses or employs in any manner the words "State, Missouri, 17 State of Missouri, Department of Health and Senior Services, the initials 'Mo.'," 18 or any emblem of the state of Missouri or the department of health and senior 19 services, for the purpose of conveying or in any manner reasonably calculated to 20 convey the false impression that the state of Missouri or any department, agency, 21 bureau, or instrumentality thereof; involved in the business of said ambulatory 22 surgical center or abortion facility, or took part in said advertisement, 23 promotion, publicity, or other statement, shall be subject to a fine of one hundred 24 dollars per day for each day during the period beginning with the day said 25 advertisement, promotion, publication, or statement first appears and ending on 26 the day on which it is withdrawn.

197.240. After September 28, 1975, no individual or group health 2 insurance policy of insurance providing coverage on an expense incurred basis, 3 nor individual or group service or indemnity type contract issued by a nonprofit 4 corporation, nor any self-insured group health benefit plan or trust, of any kind or description, shall be issued or payment accepted therefor in renewal or 5 or description, shall be issued or payment accepted therefor in renewal or 5 or description, while
                             CS SS SB 5 35
facilities shall establish and implement a written policy adopted by each hospital [and], ambulatory surgical center, and abortion facility relating to the protections for employees who disclose information pursuant to subsection 2 of this section. This policy shall include a time frame for completion of investigations related to complaints, not to exceed thirty days, and a method for notifying the complainant of the disposition of the investigation. This policy shall be submitted to the department of health and senior services to verify implementation. At a minimum, such policy shall include the following 0 provisions:
                of Implementation at a maximum, society of the provisions:

11 (1) No supervisor or individual with authority to hire or fire in a hospital 12 (or), ambulatory surgical center, or abortion facility shall prohibit employees 13 from disclosing information pursuant to subsection 2 of this section;
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14 (2) No supervisor or individual with authority to hire or fire in a hospital 15 [or], ambulatory surgical center, or abortion facility shall use or threaten to 16 use his or her supervisory authority to knowingly discriminate against, dismiss, 17 penalize or in any way retaliate against or harass an employee because the 18 employee in good faith reported or disclosed any information pursuant to 19 subsection 2 of this section, or in any way attempt to dissuade, prevent or 20 interfere with an employee who wishes to report or disclose such information; 21 (3) Establish a program to identify a compliance officer who is a 22 designated person responsible for administering the reporting and investigation 23 process and an alternate person should the primary designee be implicated in the 24 report.
                   23 process and an alternate person should the primary designee be implicated in the 24 report.
25 2. This section shall apply to information disclosed or reported in good 26 faith by an employee concerning:
27 (1) Alleged facility mismanagement or fraudulent activity;
28 (2) Alleged violations of applicable federal or state laws or administrative 29 rules concerning patient care, patient safety or facility safety; or 30 (3) The ability of employees to successfully perform their assigned duties.
31 All information disclosed, collected and maintained pursuant to this subsection 32 and pursuant to the written policy requirements of this section shall be accessible 33 to the department of health and senior services at all times and shall be reviewed 4 by the department of health and senior services at least annually. Complainants 35 shall be notified of the department of health and senior services at least annually. Complainants 36 information and of the complainant's right to notify the department of health and 37 senior services of any information concerning alleged violations of applicable
                   HCS SS SB 5 36
38 federal or state laws or administrative rules concerning patient care, patient
39 safety or facility safety.
40 3. Prior to any disclosure to individuals or agencies other than the
41 department of health and senior services, employees wishing to make a disclosure
42 pursuant to the provisions of this section shall first report to the individual or
43 individuals designated by the hospital [or], ambulatory surgical center, or
44 abortion facility pursuant to subsection 1 of this section.
45 4. If the compliance officer, compliance committee or management official
46 discovers credible evidence of misconduct from any source and, after a reasonable
47 inquiry, has reason to believe that the misconduct may violate criminal, civil or
48 administrative law, then the hospital [or], ambulatory surgical center, or
49 abortion facility shall report the existence of misconduct to the appropriate
50 governmental authority within a reasonable period, but not more than seven days
51 after determining that there is credible evidence of a violation.
52 5. Reports made to the department of health and senior services shall be
53 subject to the provisions of section 197.477, provided that the restrictions of
54 section 197.477 shall not be construed to limit the employee's ability to subpoena
55 from the original source the information reported to the department pursuant to
56 this section.
              53 subject to the provisions of section 197.477, provised the total section 197.477 shall not be construed to limit the employee's ability to subpoena 55 from the original source the information reported to the department pursuant to 56 this section.
57 6. Each written policy shall allow employees making a report who wish 58 to remain anonymous to do so, and shall include safeguards to protect the 59 confidentiality of the employee making the report, the confidentiality of patients 60 and the integrity of data, information and medical records.
61 7. Each hospital [and], ambulatory surgical center, and abortion 62 facility shall, within forty-eight hours of the receipt of a report, notify the 63 employee that his or her report has been received and is being reviewed. 197.287. By July 1, 2010, all hospitals and ambulatory surgical centers, 2 and by July 1, 2018, all abortion facilities shall provide training programs, 3 with measurable minimal training outcomes relating to quality of patient care 4 and patient safety, to all unlicensed staff providing patient care in their facility 5 within ninety days of the beginning date of employment. Standards for such 6 training shall be established by the department of health and senior services by 7 rule. It shall be a requirement of hospital [and], ambulatory surgical center, and 8 abortion facility licensure pursuant to this chapter that all hospitals [and], 9 ambulatory surgical centers, and abortion facilities submit documentation to 10 the department of health and senior services on the training program used.
         9 ambulatory surgical centers, and abortion facilities submit documentation to 10 the department of health and senior services on the training program used.

HCS SS SB 5 37

197.289. 1. All hospitals (and), ambulatory surgical centers, and 2 abortion facilities shall develop and implement a methodology which ensures 3 adequate nurse staffing that will meet the needs of patients. At a minimum, 4 there shall be on duty at all times a sufficient number of licensed registered 5 nurses to provide patient care requiring the judgment and skills of a licensed 6 registered nurse and to oversee the activities of all nursing personnel on 8 duty on each nursing unit to meet the needs of each patient in accordance with 9 accepted standards of quality patient care.

197.293. 1. In addition to the powers established in sections 197.070 and 2 197.220, the department of health and senior services shall use the following 3 standards for enforcing hospital [and], ambulatory surgical center, and abortion 4 facility licensure regulations promulgated to enforce the provisions of sections 5 197.010 to 197.120, sections 197.150 to 197.165, and sections 197.200 to 197.240: 6 (1) Upon notification of a deficiency in meeting regulatory standards, the 7 hospital [or], ambulatory surgical center, or abortion facility shall develop and 8 implement a plan of correction approved by the department which includes, but 9 is not limited to, the specific type of corrective action to be taken and an 10 estimated time to complete such action.

11 (2) If the plan as implemented does not correct the deficiency, the 2 department may either:

13 (a) Direct the hospital [or], ambulatory surgical center, or abortion 17 facility to develop and implement a plan of correction pursuant to subdivision 15 (1) of this subsection; or 16 (b) Require the hospital [or], ambulatory surgical center, or abortion 71 facility to develop and implement a plan of correction developed by the department; 18 (3) If there is a continuing deficiency after implementation of the p
26 center, Or abortion Island, mas where the service or services

HCS SS SB 5 38
28 affected by such deficiency;
29 (5) If there is a continuing deficiency after suspension of operations
30 pursuant to subdivision (4) of this subsection, the department may deny, suspend
31 or revoke the hospital's [or], ambulatory surgical center's, or abortion facility's
32 license pursuant to section 197.070 or section 197.220.
33 2. Notwithstanding the provisions of subsection 1 of this section to the
34 contrary, if a deficiency in meeting licensure standards presents an immediate
35 and serious threat to the patients' health and safety, the department may, based
36 on the scope and severity of the deficiency, restrict access to the service or
71 services affected by the deficiency until the hospital [or], ambulatory surgical
38 center, or abortion facility has developed and implemented an approved plan
39 of correction. Decisions as to whether a deficiency constitutes an immediate and
40 serious threat to the patients' health and safety shall be made in accordance with
41 guidelines established pursuant to regulation of the department of health and
42 senior services and such decisions shall be approved by the bureau of health
43 facility licensing in the department of health and senior services, or its successor
44 agency, or by a person authorized by the regulations to approve such decisions in
45 the absence of the director.
197.295. 1. A hospital [or], ambulatory surgical center, or abortion
2 facility aggrieved by a decision of the department bursuant to the provisions of
3 paragraph (b) of subdivision (2) and subdivisions (3), (4) and (5) of subsection 1
4 of section 197.293 may appeal such decision to the administrative hearing
5 commission pursuant to section 621.145. An appeal of an action to restrict new
7 inpatient admissions or outpatient entrants, suspend operations or revoke a
8 license shall be heard on an expedited basis by the administrative hearing
9 commission. The hospital [or], ambulatory surgical cent
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Print Page 39 of 39

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13 2. If both the department and the hospital [or], ambulatory surgical
14 center, or abortion facility agree to do so, prior to an appeal to the
15 administrative hearing commission pursuant to section 197.071 or section
16 197.221, an official action of the department made pursuant to sections 197.010
17 to 197.120 or sections 197.200 to 197.240 may be appealed to a departmental
18 hearing officer. The department of health and senior services shall promulgate

HCS SS SB 5 39
18 rules specifying the qualifications of such a hearing officer, establish procedures
20 to ensure impartial decisions and provide for comparable appeal remedies when
21 a departmental hearing officer is unavailable.
574.200. 1. A person commits the offense of interference with
2 medical assistance if he or she, while serving in his or her capacity as
3 an employee of an abortion facility:
4 (1) Knowingly orders or requests medical personnel to deviate
5 from any applicable standard of care or ordinary practice while
6 providing medical assistance to a patient for reasons unrelated to the
7 patient's health or welfare; or
8 (2) Knowingly arthrepts to prevent medical personnel from
9 providing medical assistance to a patient in accordance with all
10 applicable standards of care or ordinary practice for reasons unrelated
11 to the patient's health or welfare.
12 . The offense of interference with medical assistance is a class
13 A misdemeanor.
14 . The offense of interference with medical assistance is a class
14 (1) Rhysicians and surgeons licensed under chapter 334;
16 (2) Nurses licensed under chapter 335;
17 (2) Nurses licensed under chapter 335;
18 (3) Emergency medical services personnel as defined in section
19 190.600; or
20 (4) Any person operating under the supervision of such medical
21 personnel.
95.027, 1. Upon request by the department for verification of injuries
2 of victims, medical providers shall submit the information requested by the
3 department within twenty working days of the request at no cost to the fund.
4 2. F
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